

405-10s                      Relocation File  
Cornell Dubilier Electronic Superfund Site  
COFF                      TrfRHA  
Ret WNRC  
PERMANENT DO NOT DESTROY

Cornell Dubilier Electronic Superfund Site  
Hamilton Industrial Park  
333 Hamilton Boulevard, South Plainfield, NJ  
FRANZ CABINET COMPANY  
Building 15

333032



**DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT**

**PROJECT:** Cornell Dubilier Electronics  
Superfund Site

**Date Processed:**

6/4/08

**NAME OF APPLICANT(S):**

Frane Cabinets

**ADDRESS TO MAIL CHECK:**

Mr. Frank Kostermaj  
262 Skyline Drive  
Millington, NJ 07946  
Tax ID # 22-7376837

**APPLICATION NUMBER:**

**REMIS No.:**

**TRACT NUMBER**

**The following is a determination of relocation benefits due the above applicant under Public Law 91-646:**

**1. RESIDENTIAL MOVING EXPENSES:**

a. Fixed Payment ..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_

**2. NONRESIDENTIAL MOVING/REESTABLISHMENT EXPENSES:**

(Business ☐; Farm ☐; NonProfit ☐)

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_  
(1) Moving Expenses..... \$ \_\_\_\_\_  
(2) Storage Expenses..... \$ \_\_\_\_\_  
(3) Direct Loss..... \$ \_\_\_\_\_  
(4) Search Expenses..... \$ 2,500  
(5) Substitute Personal Property..... \$ \_\_\_\_\_  
(6) Utility Connections..... \$ \_\_\_\_\_  
(7) Professional Services..... \$ \_\_\_\_\_  
(8) Impact Fees..... \$ \_\_\_\_\_  
(9) Low Value/High Bulk..... \$ \_\_\_\_\_  
c. Reestablishment Expenses..... \$ \_\_\_\_\_

**TOTAL** ..... \$ 2,500

**3. REPLACEMENT HOUSING:**

**HOMEOWNERS:**

a. Housing Differential..... \$ \_\_\_\_\_  
b. Increased Interest..... \$ \_\_\_\_\_  
c. Closing Costs..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru c, as they apply)**..... \$ \_\_\_\_\_

**4. REPLACEMENT HOUSING:**

**TENANTS**

a. Supplemental Rental Payment.... \$ \_\_\_\_\_  
b. Down Payment..... \$ \_\_\_\_\_

**TOTAL (Sum of a or b, as applied)**..... \$ \_\_\_\_\_

**5. INCIDENTAL EXPENSES:**

a. Recording Fee..... \$ \_\_\_\_\_  
b. Transfer Taxes..... \$ \_\_\_\_\_  
c. Prepayment Costs..... \$ \_\_\_\_\_  
d. Prorated Real Estate Taxes..... \$ \_\_\_\_\_  
e. Other..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru d, as they apply)**..... \$ \_\_\_\_\_

**6. Sum approved for immediate payment**..... \$ 2,500

**REMARKS:**

**Date:**

6/6/08

**NAME AND TITLE of APPROVING OFFICIAL:**

SUSAN K. LEWIS  
Environmental Program Manager

**SIGNATURE**

Susan K. Lewis

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
Date Move Completed:	

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$ 2500.5	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation) Move Insurance	\$ 2500.5	\$
(7) Total Amount Claimed	\$ 2500.5	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 2500.5	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals or are aliens lawfully present in the United States: 3/20/08

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacement space as storage space until CofO obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours (62) x hrly earnings rate (\$ 85) =	\$ 2500.00	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

*James R. Kistner*  
Signature

3/20/08  
Date

**Sign Here**



**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:****NAME & TITLE (Type or Print)**

FRANZ R. KOSTEMAJ OWNER

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$ 2,500.00	Christine Milligan	Christine Milligan	6/4/08
Approved	\$ 2,500.00	James P. [Signature]		6/6/08

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME RELATIONSHIP SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED	INFO BROCHURE FURNISHED	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
na	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
ELIGIBILITY:				
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT:				
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ ) DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED:	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
<input type="checkbox"/> YES <input type="checkbox"/> NO				
APPRAISED VALUE	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT	DT COMPARABLE HSG APPROVED/AMOUNT
\$			\$	/ \$
APPLICANT RESIDES ON PROPERTY:	IF NO, EXPLAIN: business tenant			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE):		
		<input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) -	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DATE 31 Jan 07				
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE: <i>Franz Kostemaj</i>			DATE: 3/20/08

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES			
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
<b>PART IV - REMARKS</b>			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u>			
Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>			
Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.			
Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input checked="" type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation Project</u> , or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u>			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS: Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW §24.301, 49 CFR, insurance costs and search expenses.			
FUTURE APPLICATIONS: Anticipated for re-establishment expenses.			
ATTACHMENTS: Detailed information on search (i.e., locations explored, hours spent, mileage, tolls, etc.)		PREVIOUS PAYMENTS & AMOUNT: <u>Self Move - \$19,225</u> <u>Storage - \$10,362.50</u> <u>Re-Establishment - \$10,000</u>  TOTAL PAID: <u>\$39,582.50</u>	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE Christine Milligan Realty Specialist	SIGNATURE OF RELOCATION ADVISOR: <i>Chris Milligan</i>	

2/1/07

Brandenburg 160 Meisden Ave  
732-268-3103 left message  
732-541-4500

Brandenburg Meisden Ave.  
732-645-4025 EQUIS REAL EST. BROKER  
left message

Brandenburg 42,000 sq. ft. DIVIDABLE  
973-226-5000 Industrial Pkcs  
Mo. 10<sup>30</sup> Am

Brandenburg #10 Cusdy Live Rd Brandenburg  
Kramer Realty 1500 - 15000 sq. ft. TH. 3<sup>00</sup> Pm  
526-7600

same Bldg 2 973-226-5000 3000 - 6000 sq. ft.  
Feist + Feist Fri 11<sup>00</sup> Am

25534

George 524-2125

Townsbury off 78 m. left 1 Block in back  
will call back / Tue 4<sup>30</sup> Pm

Shop 534-2125

Cokosbury Rd

Middlesex 1K - 4.5 K

908-687-9494 • 1/31/27 near Rt 28 Hl 4<sup>30</sup>  
2000 - 4500

Plafel 1K - 20K 908-789-2002 • will call back

~~Lincoln Block 1.6 K - 2000 - 3.5 K~~

~~908-337-8213 400 small~~

Lincoln Block Middlesex

~~732-469-7663 3300 sq ft \$3500, 11/11~~

1000 North Ave Plainfield Mo. 11<sup>30</sup>

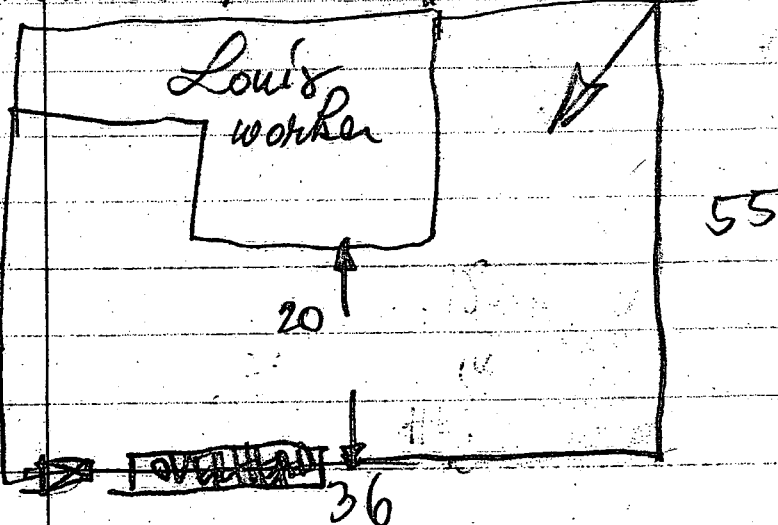
1 mile North Right

908 789-2002

Middlesex (Solomon) near Rt 28

428 Lincoln Block Middlesex  
call when there

550 Lincoln Block 732-469-8890



Bridgewater Business Park  
Rt 22 Chimney Rock Rd / UPS / 3000 sq ft  
732 - 906 - 1200 Zinnel Realty  
will call back / Mo. 2<sup>30</sup> Pm

Bridgewater Bus. Park Chimney Rock 2400 ft  
908 - 254 - 3112 Advance Realty  
Wed. 1<sup>00</sup> Pm

Bridgewater Chimney Rock Rd.  
732 - 906 - 1200 2000 - 10,000 sq. ft  
across UPS

Chatham Ind. Park 973 - 301 - 9036  
30 Commerce Street / Tan Bldg.  
Exotic Flowers Sign on Door 2 sq. ft.

**STIRLING** 908 - 896 - 2468

1800 sq. ft. stop in anytime

Berkeley Hts. up to 12 K sq. ft. 10 Summit Ave.  
Archie Schwartz 973 - 758 - 0600 will divide  
www.archieschwartz.com Fri. 11<sup>00</sup> Pm

Standard Form 1034 Revised October 1987 Department of the Treasury TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>U.S. Army Corps of Engineers, Baltimore</b> <b>P.O. Box 1715</b> <b>Baltimore, MD 21203-1715</b>  <b>PLEASE FED EX CHECK TO BALTIMORE DISTRICT</b>			DATE VOUCHER PREPARED 4 June 2008		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY	
			REQUISITION NUMBER AND DATE			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>PAYEE'S NAME AND ADDRESS</b>             FRANZ CABINET COMPANY - Tax ID # 22-7376837            272 Skyline Drive            Millington, NJ 07946             PLEASE FED EX CHECK TO CENAB-RE-S         </div> <div style="width: 60%;">           DATE INVOICE RECEIVED             DISCOUNT TERMS             PAYEE'S ACCOUNT NUMBER         </div> </div>						
SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <small>(1)</small>
				COST	PER	
		Payment for search expenses in connection with the permanent relocation from 333 Hamilton Blvd S. Plainfield, NJ to 272 Skyline Drive, Millington NJ in connection with the Cornell-Dubilier Electronics Superfund Site, South Plainfield, NJ.  Payment IAW Public Law 91-646, as amended.				2,500.00
(Use continuation sheet(s) if necessary) <span style="float: right;">(Payee must NOT use the space below)</span>						TOTAL 2,500.00
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$ 2,500.00		EXCHANGE RATE = \$ 1.00		DIFFERENCES
		BY 2 SUSAN K. LEWIS <i>Susan K. Lewis</i>				
		TITLE Environmental Program Manager, Real Estate Division		Amount verified; correct for		
				(Signature or initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		(Date)		(Authorized Certifying Officer)		(Title)
ACCOUNTING CLASSIFICATION						
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	
	CASH		DATE		PAYEE 3	
	\$					
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.						PER  TITLE

Previous edition usable

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-2234

USAPA V4.00

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

**U. S. Army Corps of Engineers**

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
Date Move Completed:	

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs <u>SEPT/OCT/NOV/DEC 2007</u>	\$ <u>8290.-</u>	\$
(3) Reasonable Search Expenses	\$ <u>2500.-</u>	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: Franz R. Kostemaj 3/29/2008

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Franz R. Kostemaj 3/29/2008 owner  
Signature and Date Title



**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO  
 DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007  
 NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE:  
See letter dated 23 March 2007 from Vantage; using replacment space as storage space until CofO obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ <u>4 mos. SEP/OCT/NOV/DEC</u>	\$
Number of Months in Storage	<u>2072.50</u>	\$
Total Storage Costs	\$ <u>8290.-</u>	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( <u>62</u> ) x hrly earnings rate (\$ <u>85.-</u> ) =	\$ <u>2500.-</u>	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTAL</b> (Add all entries in Parts 1 and 2)					\$
<b>Cost of Effort to Sell Property</b>					\$
<b>Total Amount Claimed</b> (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

James R. Kristiney 3/20/08 Owner  
 Signature Date

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Determination of Reestablishment Expenses: (attach separate sheets, as needed)					
Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
ESTIMATE FOR ELECTRIC	ATTACHED COPIES OF ESTIMATES			\$	\$
ESTIMATE FOR DUCT WORK				\$	\$
ESTIMATE FOR COMPRESSED				\$	\$
AIR LINES				\$	\$
TOTAL COSTS (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:****NAME & TITLE (Type or Print)**

*FRANZ R. KOSTEMAJ* 3/20/08

FRANZ R. KOSTEMAJ OWNER

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY: <input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT: <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ ) DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS)		BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES	
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.		REMIS WORK ITEM NUMBER:	
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:		DATE:	

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES			
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u>			
Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>			
<u>Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.</u>			
Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u>			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS:			
Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:			
IAW §24. , 49 CFR,			
FUTURE APPLICATIONS:			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Receipts for		Self-move, storage, search & insurance, reestablishment	
		TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
	Christine Milligan Realty Specialist		

# **DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT**

**PROJECT: Cornell-Dubilier Superfund Site**

Date Processed: 29 October 2007

**NAME OF APPLICANT(s):**  
**Franz Cabinet Company**

**MAIL CHECK TO:**  
**Franz Cabinet Company**  
**c/o Franz Kostemaj**  
**272 Skyline Drive**  
**Millington, New Jersey 07946**

**APPLICATION NUMBER**

**REMIS No.:** )

**TRACT NUMBER**

**The following is a determination of relocation benefits due the above applicant under Public Law 91-646:**

## **1. RESIDENTIAL MOVING EXPENSES**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
 b. Actual Reasonable Expenses..... \$ \_\_\_\_\_

## **2. NONRESIDENTIAL MOVING EXPENSES (Business ☒ ; Farm ☐ ; NonProfit ☐ )**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
 b. Actual Reasonable Expenses..... \$ \_\_\_\_\_  
 (1) Moving Expenses..... \$ \_\_\_\_\_  
 (2) Storage Expenses..... \$ \_\_\_\_\_  
 (3) Direct Loss..... \$ \_\_\_\_\_  
 (4) Search Expenses..... \$ \_\_\_\_\_  
 (5) Reestablishment Expenses..... \$ 10,000.00

**TOTAL** ..... \$ 10,000.00

## **3. REPLACEMENT HOUSING, HOMEOWNERS:**

a. Housing Differential..... \$ \_\_\_\_\_  
 b. Increased Interest..... \$ \_\_\_\_\_  
 c. Closing Costs..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru c, as they apply)**..... \$ \_\_\_\_\_

## **4. REPLACEMENT HOUSING, TENANTS**

a. Supplemental Rental Payment... \$ \_\_\_\_\_  
 b. Down Payment..... \$ \_\_\_\_\_

**TOTAL (Sum of a or b, as applied)**..... \$ \_\_\_\_\_

## **5. INCIDENTAL EXPENSES:**

a. Recording Fee..... \$ \_\_\_\_\_  
 b. Transfer Taxes..... \$ \_\_\_\_\_  
 c. Prepayment Costs..... \$ \_\_\_\_\_  
 d. Prorated Real Estate Taxes..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru d, as they apply)**..... \$ \_\_\_\_\_

**6. Sum approved for immediate payment**..... \$ 10,000.00

**REMARKS:** Reestablishment check for \$10,000 (maximum payment) based upon rental increase for new location.

**Date:**

10/30/07

**NAME AND TITLE of APPROVING OFFICIAL:**

SUSAN K. LEWIS  
 Environmental Program Manager

**SIGNATURE**

*Susan K. Lewis*

**MEMORANDUM FOR RECORD****SUBJECT: Reestablishment expenses – rental increase computations****FRANZ CABINET NEW LEASE** - 223E Stirling Road, Warren, NJ

Effective 1 Sep 07 (for 2 years) through 31 Aug 2009. Rent as follows:

1 Sep 07 thru 29 Feb 08	\$1,796 per month
1 Mar 08 thru 31 Aug 08	\$2,073 per month
1 Sep 08 thru 31 Aug 09	\$2,073 per month

**OLD LEASE WITH DSC OF NEWARK** - Building 15 at 333 Hamilton Boulevard

Aug 2000 through 31 July 2003...continued on a month to month basis

From 1 Aug 00 through 31 Jul 01	\$850 per month
From 1 Aug 01 through 31 Jul 03	\$900 per month

**INCREASED RENT CALCULATIONS**

New lease: 1 Sep 07 thru 29 Feb 08 = 6 mo at \$1796 =	\$10,776
Old lease: \$900 x 6 months =	\$ 5,400
Increase for first 6 months:	\$5,376

New lease: 1 Mar 08 thru 31 Aug 08 = 6 mo at \$2073 =	\$12,438
Old lease: \$900 x 6 months =	\$ 5,400
Increase for second 6 months:	\$7,038

The above calculations are for the first twelve months of the lease. Based on the first twelve months, payment would be \$12,414. Calculations can be performed for up to 24 months with a statutory maximum of \$10,000 for reestablishment expenses. Payment in the amount of \$10,000 for rent increase is recommended as reestablishment expenses for Franz Cabinet.

CHRISTINE MILLIGAN  
Realty Specialist

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed: 5/31/07

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$ 10,000.00	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 10,000.00	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 10,000.00	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.

Franz R. Kostemaj 10/4/07  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Franz R. Kostemaj 10/4/07 owner  
Signature and Date Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacment space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTAL</b> (Add all entries in Parts 1 and 2)					\$
<b>Cost of Effort to Sell Property</b>					\$
<b>Total Amount Claimed</b> (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Paul A. Lemaire 10/4/07  
Signature

10/4/07  
Date



**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
INCREASE OF LEASE AMOUNT PER MONTH ON 2 YEAR LEASE				\$10,000.00	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:****NAME & TITLE (Type or Print)**

*Susan R. Kostemaj* 10/4/07 **FRANZ R. KOSTEMAJ** 10/4/07

**TO BE COMPLETED BY AGENCY:**


Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$ 10,000	<i>Chs Milligan</i>	Christine Milligan	29 Oct 07
Approved	\$ 10,000	<i>Susan R. Lewis</i>	SUSAN R. LEWIS	30 Oct 07

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S) NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		ANY OTHERS APPLICABLE NAME RELATIONSHIP SEX & AGE	

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY: <input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT: <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ ) DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: Business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER(i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE 			DATE 10/4/07

<b>TRACT NO.</b>	<b>PART III - PROPERTY TO BE RELOCATED</b>	
	<b>BRIEF DESCRIPTION (attach inventory if necessary)</b>	
HOUSEHOLD FURNISHINGS		
BUSINESS EQUIPMENT & FIXTURES		
FARM EQUIPMENT		
LIVESTOCK		
NON-PROFIT ORGANIZATION PROPERTY		
MISCELLANEOUS (EXPLAIN)		
<b>SITE OF PROPOSED RELOCATION:</b>		<b>DISTANCE</b>
<b>PART IV - REMARKS</b>		
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:		
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)		
Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u>		
Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>		
<u>Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.</u>		
Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$ _____		
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.		
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u>		
Recommendations as to each item in the application and factual information to support the recommendations are attached.		
<b>RECOMMENDATIONS:</b>		
Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:		
IAW \$24.301, 49 CFR, reestablishment expenses.		
<b>FUTURE APPLICATIONS: Equipment hook-ups (electrical)</b>		
<b>ATTACHMENTS:</b>	<b>PREVIOUS PAYMENTS &amp; AMOUNT:</b>	
Receipts for all reestablishment expenses claimed.	<u>7 \$19,220</u> Self-move, storage, <del>search &amp; insurance</del> <u>→ \$10,362.50</u> TOTAL PAID: \$ <u>29,582.50</u>	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:
<u>29 Oct 07</u>	Christine Milligan Realty Specialist	<u>Chr6 Milligan</u>

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2007 OCT 10 PM 1:13

**MEMORANDUM FOR RECORD****SUBJECT: Reestablishment expenses – rental increase computations****FRANZ CABINET NEW LEASE** - 223E Stirling Road, Warren, NJ

Effective 1 Sep 07 (for 2 years) through 31 Aug 2009. Rent as follows:

1 Sep 07 thru 29 Feb 08	\$1,796 per month
1 Mar 08 thru 31 Aug 08	\$2,073 per month
1 Sep 08 thru 31 Aug 09	\$2,073 per month

**OLD LEASE WITH DSC OF NEWARK** - Building 15 at 333 Hamilton Boulevard

Aug 2000 through 31 July 2003...continued on a month to month basis

From 1 Aug 00 through 31 Jul 01	\$850 per month
From 1 Aug 01 through 31 Jul 03	\$900 per month

**INCREASED RENT CALCULATIONS**

New lease: 1 Sep 07 thru 29 Feb 08 = 6 mo at \$1796 =	\$10,776
Old lease: \$900 x 6 months =	\$ 5,400
Increase for first 6 months:	\$5,376

New lease: 1 Mar 08 thru 31 Aug 08 = 6 mo at \$2073 =	\$12,438
Old lease: \$900 x 6 months =	\$ 5,400
Increase for second 6 months:	\$7,038

The above calculations are for the first twelve months of the lease. Based on the first twelve months, payment would be \$12,414. Calculations can be performed for up to 24 months with a statutory maximum of \$10,000 for reestablishment expenses. Payment in the amount of \$10,000 for rent increase is recommended as reestablishment expenses for Franz Cabinet.

**CHRISTINE MILLIGAN**  
Realty Specialist

**DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT**

**PROJECT:** Cornell-Dubilier Superfund Site

Date Processed: 3 August 2007

**NAME OF APPLICANT(s):**  
Franz Cabinet Company

**MAIL CHECK TO:**  
Franz Cabinet Company  
c/o Franz Kostemaj  
272 Skyline Drive  
Millington, New Jersey 07946

**APPLICATION NUMBER**

REMIS No.: )

**TRACT NUMBER**

The following is a determination of relocation benefits due the above applicant under Public Law 91-646:

**1. RESIDENTIAL MOVING EXPENSES**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_

**2. NONRESIDENTIAL MOVING EXPENSES (Business ☒ ; Farm ☐ ; NonProfit ☐ )**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_  
(1) Moving Expenses..... \$ \_\_\_\_\_  
(2) Storage Expenses..... \$ 10,362.50  
(3) Direct Loss..... \$ \_\_\_\_\_  
(4) Search Expenses..... \$ \_\_\_\_\_  
(5) Reestablishment Expenses..... \$ \_\_\_\_\_

**TOTAL** ..... \$ 10,362.50

**3. REPLACEMENT HOUSING, HOMEOWNERS:**

a. Housing Differential..... \$ \_\_\_\_\_  
b. Increased Interest..... \$ \_\_\_\_\_  
c. Closing Costs..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru c, as they apply)**..... \$ \_\_\_\_\_

**4. REPLACEMENT HOUSING, TENANTS**

a. Supplemental Rental Payment.... \$ \_\_\_\_\_  
b. Down Payment..... \$ \_\_\_\_\_

**TOTAL (Sum of a or b, as applied)**..... \$ \_\_\_\_\_

**5. INCIDENTAL EXPENSES:**

a. Recording Fee..... \$ \_\_\_\_\_  
b. Transfer Taxes..... \$ \_\_\_\_\_  
c. Prepayment Costs..... \$ \_\_\_\_\_  
d. Prorated Real Estate Taxes..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru d, as they apply)**..... \$ 10,362.50

**6. Sum approved for immediate payment**..... \$ 10,362.50

**REMARKS:** Payments of \$1,800 and \$3,000 paid (reimbursement) to Franz Cabinet; payment of \$5,562.50 paid directly to Vantage Development (new lessor). Forms for all three payments are attached.

Date:

10/2/07

**NAME AND TITLE of APPROVING OFFICIAL:**

SUSAN K. LEWIS  
Environmental Program Manager

**SIGNATURE**

*Susan K. Lewis*

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

**U. S. Army Corps of Engineers**

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

<b>Address From Which Claimant Moved:</b> 333 Hamilton Boulevard, South Plainfield, NJ	<b>Address To Which Claimant Moved:</b> 223E Stirling Road, Warren, NJ
<b>Date First Occupied Property:</b>	<b>Date Move Started:</b> March 2007
	<b>Date Move Completed:</b> 31 May 2007

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 1800.00	\$ 1800.00
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 1800.00	\$ 1800.00
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 1800.00	\$ 1800.00

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. **Your signature on this claim form constitutes certification.**

Select either **Unincorporated** or **Incorporated**:

☒ **Unincorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each **unincorporated** business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ **Incorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Franz R. Kostemaj 4/18/07 owner  
 Signature and Date Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES ☒ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacement space as storage space until CoFo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2,072.50	\$ 2,072.50
Number of Months in Storage		
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$ 0	\$ 0

Description of Property Stored (List may be attached): Note: Total storage period 1 April through 31 August 2007; monthly rental is \$2,072.50. This is the first of three payments to be issued for storage; this payment provides \$1,800 reimbursement to Franz Cabinet based on cancelled checks received to date.

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)		(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)		For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>TOTAL</b> (Add all entries in Parts 1 and 2)					\$	\$
<b>Cost of Effort to Sell Property</b>					\$	\$
<b>Total Amount Claimed</b> (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$	\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.



Signature

Date

PAGE 2 of 3

EXHIBIT 6-13(a)

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

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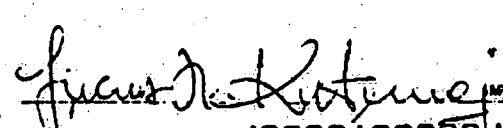
**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:****NAME & TITLE (Type or Print)**

*Frank L. Kostemaj* 9/18/07 **FRANK L. KOSTEMAJ** OWNER

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$ 1800.00	<i>Christine Milligan</i>	Christine Milligan	1 Oct 07
Approved	\$ 1800.00	<i>Jason &amp; Denise</i>		2 Oct 07

FRANZ CABINET CO.		7792
333 HAMILTON BLVD.		
SOUTH PLAINFIELD, NJ 07080		
DATE <u>4/6/07</u>		55-2/212
PAY TO THE ORDER OF <u>Vantage Group LLC</u>		\$ <u>1000.00</u>
<u>one thousand 00/100</u>		DOLLARS
<b>FIRST UNION</b> First Union National Bank firstunion.com Org. 075 R/T 021200025		 0000077921 021200025 2012402208616 0000100000

0312076074  
 PNC 2800 TINTON PA  
 05102607 PK:08 E:6704  
 4700793291

VANTAGE DEVELOPMENT LLC  
 FOR DEPOSIT ONLY  
 8024166909

Account	Date	Amount	Serial Number	Sequence	Status
000002012402208616	5/11/2007	\$1,000.00	000000000007792	00000000000457313850	Posted Items

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Account: 8028275846  
 Check: 2006  
 Date: 05/25/2007  
 Amount: \$800.00  
 Reference No.: 340267083

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2006

FRANZ CABINET CO.  
133 HAMILTON BLVD  
SOUTH PLAINFIELD, NJ 07080

PAY TO THE ORDER OF *Vantage Group LLC* \$800.00

DATE *5/19/07*

*Eight hundred & no/100*

PNC BANK  
PNC FINANCIAL SERVICES GROUP, INC.

FOR *James H. Hines*

⑆000000800000⑆

⑆002006⑆ ⑈031207607⑈ 8028275846⑆

VANTAGE DEVELOPMENT LLC  
FOR DEPOSIT ONLY  
8024166909

⑆031207607⑆  
PNC BANK FINANCIAL SERVICES GROUP, INC.  
⑆000000800000⑆

⑆000000800000⑆

⑆002006⑆ ⑈031207607⑈ 8028275846⑆

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**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

<b>Address From Which Claimant Moved:</b> 333 Hamilton Boulevard, South Plainfield, NJ	<b>Address To Which Claimant Moved:</b> 223E Stirling Road, Warren, NJ
<b>Date First Occupied Property:</b>	<b>Date Move Started:</b> March 2007
	<b>Date Move Completed:</b> 31 May 2007

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 5,562.50	\$ 5,562.50
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 5,562.50	\$ 5,562.50
(8) Amount Previously Received (if any)	\$ 1,800	\$ 1,800
(9) Amount Requested	\$ 5,562.50	\$ 5,562.50

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. **Your signature on this claim form constitutes certification.**

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj  
 I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Franz R. Kostemaj 9/18/07 owner  
 Signature and Date Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? [ ☐ ] YES [ ☒ ] NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacement space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: [ ☒ ] YES [ ☐ ] NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2,072.50	\$ 2,072.50
Number of Months in Storage		
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$ 0	\$ 0

Description of Property Stored (List may be attached): Total storage period 1 Apr through 31 Aug 2007; monthly rental is \$2,072.50. This is the 2nd of 3 payments to be issued for storage; this payment provides \$5,562.50 directly to Vantage Development (lessor).

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTAL (Add all entries in Parts 1 and 2)</b>					\$
<b>Cost of Effort to Sell Property</b>					\$
<b>Total Amount Claimed (Add lines 1 &amp; 2. Enter on Line 4 of Page 1-Computation)</b>					\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

PAGE 2 of 3

EXHIBIT 6-13(a)

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:****NAME & TITLE (Type or Print)**

*Frank R. Kostemaj* 9/18/07 **FRANK R. KOSTEMAJ OWNER**

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$5362.50	<i>Chlo Milligan</i>	Christine Milligan	10/8/07
Approved	\$5,562.50	<i>Russell James</i>		2/16/07

**VANTAGE DEVELOPMENT LLC**  
223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Chris Milligan  
Army Corps of Engineers  
Phone: 410 962-5162  
Fax: 410 962-0866

Re: Letter dated March 23<sup>rd</sup>  
5 months @ \$2072.50

August 22, 2007

Dear Chris,

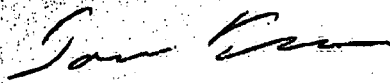
We have reviewed our files and found that Franz Kostamaj has paid us \$1500.00 so far.  
We have deferred collection of the full amount until receives the funds from you.

He owes \$8562.50 balance for the five (5) months from April 2007 to August 2007.

The formal lease commences on September 1<sup>st</sup>, 2007.

I hope this is sufficient. Please call if it is not or if you need further information.

Sincerely,



Tom Friendly



RECEIVED  
REAL ESTATE DIVISION

2007 SEP 21 AM 11:00

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

**U. S. Army Corps of Engineers**

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved:	Address To Which Claimant Moved:
333 Hamilton Boulevard, South Plainfield, NJ	223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed: 31 May 2007

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 3,000.00	\$ 3,000.00
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 3,000.00	\$ 3,000.00
(8) Amount Previously Received (if any)	\$ 7,362.50	\$ 7,362.50
(9) Amount Requested	\$ 3,000.00	\$ 3,000.00

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. **Your signature on this claim form constitutes certification.**

Select either **Unincorporated** or **Incorporated**:

☒ **Unincorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each **unincorporated** business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

\_\_\_\_\_  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ **Incorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Franz R. Kostemaj 9/18/07 owner  
\_\_\_\_\_  
Signature and Date Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage, using replacement space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 3,000.00	\$ 3,000.00
Number of Months in Storage		
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$ 7,362.50	\$ 7,362.50

Description of Property Stored (List may be attached): Total storage period 1 Apr through 31 Aug 2007; monthly rental is \$2,072.50. This is the 3<sup>rd</sup> & final payment to be issued for storage.

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)		(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)		For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>TOTAL</b> (Add all entries in Parts 1 and 2)					\$	\$
<b>Cost of Effort to Sell Property</b>					\$	\$
<b>Total Amount Claimed</b> (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$	\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

PAGE 2 of 3

EXHIBIT 6-13(a)

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

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**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:****NAME & TITLE (Type or Print)**

*Susan R. Kostema* 9/18/07 **FRANZ R. KOSTEMA** OWNER

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$3,000.00	<i>ChG Milligan</i>	Christine Milligan	10/2/07
Approved	\$3,000.00	<i>Susan R. Kostema</i>		2/24/07

Print or Save Image

Close Window | Help?

Account: 8028275846  
Check: 2020  
Date: 09/05/2007  
Amount: \$3,000.00  
Reference No.: 44256861

These are images of the front and back of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of this item. For more information about Image delivery click [here](#) or call 1-888-PNC-BANK (1-888-762-2265, 6 AM to midnight, seven days a week) to speak to a representative.

Back

Save Image

Print Page

2020

FRANZ CABINET CO.  
333 HAMILTON BLVD  
SOUTH PLAINFIELD, NJ 07080

PAY TO THE ORDER OF *Vantage Development LLC*

DATE *8/31/07*

*Three thousand 00/100* \$ *3,000.00*

DOLLARS 00/100

PNC BANK  
PNC FINANCIAL SERVICES GROUP, INC.

For deposit only

⑈002020⑈ ⑈031207607⑈ 8028275846⑈ ⑈0000300000⑈

VANTAGE DEVELOPMENT LLC  
FOR DEPOSIT ONLY  
8024166909

⑈031207607⑈  
⑈031207607⑈  
⑈031207607⑈  
⑈031207607⑈

RECEIVED  
REAL ESTATE DIVISION  
2007 SEP 21 AM 11:00

STATE OF TEXAS  
COUNTY OF DALLAS  
CITY OF DALLAS  
OFFICE OF THE CITY CLERK  
2007 SEP 21 AM 11:00

NOTICE OF PUBLIC HEARING  
The City of Dallas is holding a public hearing on the proposed  
amendment to the City Charter, Chapter 2, Article II, Section 101, which  
relates to the City's financial management and the City's  
procurement process. The hearing will be held on September 21, 2007, at  
11:00 AM in the City of Dallas, Texas.

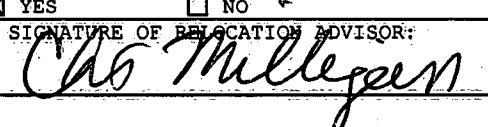
# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY:				
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT:				
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO. COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) -  DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:			DATE:

<b>TRACT NO.</b>		<b>PART III - PROPERTY TO BE RELOCATED</b>	
		<b>BRIEF DESCRIPTION (attach inventory if necessary)</b>	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			<b>DISTANCE</b>
<b>PART IV - REMARKS</b>			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u>			
Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>			
<u>Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,362; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.</u>			
Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO ~ If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u>			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
<b>RECOMMENDATIONS:</b>			
Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:			
IAW \$24.301(g) (4), 49 CFR, storage costs for six months.			
<b>FUTURE APPLICATIONS: Anticipated for re-establishment and related expenses.</b>			
<b>ATTACHMENTS:</b>		<b>PREVIOUS PAYMENTS &amp; AMOUNT:</b>	
Letters dated 23 March & 22 August 07 from Vantage Development LLC regarding use of space for storage purposes while CofO is obtained.		Self-move payment	
		TOTAL PAID: \$19,220.00	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
	Christine Milligan Realty Specialist		



**VANTAGE DEVELOPMENT LLC**  
223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Chris Milligan  
Army Corps of Engineers  
Phone: 410 962-5162  
Fax: 410 962-0866

Re: Letter dated March 23<sup>rd</sup>  
5 months @ \$2072.50

August 22, 2007

Dear Chris,

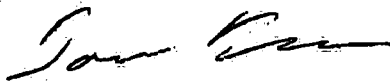
We have reviewed our files and found that Franz Kostanaj has paid us \$1500.00 so far.  
We have deferred collection of the full amount until receives the funds from you.

He owes \$8562.50 balance for the five (5) months from April 2007 to August 2007.

The formal lease commences on September 1<sup>st</sup>, 2007.

I hope this is sufficient. Please call if it is not or if you need further information.

Sincerely,



Tom Friendly

Tax ID #  
82-38  
42  
317

**VANTAGE DEVELOPMENT LLC**

223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Franz Cabinet Co.  
333 Hamilton Blvd.  
S. Plainfield, NJ 07080  
908 209-5556

Re: Storage until C.O. issued

March 23, 2007

We estimate having a C.O. for your space in four (4) months.

Until then, you may use the space for storage at the rate of \$2,072.50/month starting April 1, 2007 (3,316 sq.ft. x \$7.50/ft. = \$24,870.00/yr. divided by 12 = \$2,072.50/month)

We will waive the CAM during this period until C.O. is approved.



Tom Friendly  
908 507-0019

Received check # 7787 for \$500.00 as a deposit for Intent to Lease

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAE, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property: <u>4/1/2007</u>	Date Move Started: March 2007
Date Move Completed: <u>5/31/2007</u>	
TYPE OF OPERATION: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Farm Operation	
TYPE OF OWNERSHIP: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization	
IS THIS A FINAL CLAIM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No", attach an explanation)	
DOES CLAIMANT INTEND TO REESTABLISHMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 10,362.50	\$ 10,362.50
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 10,362.50	\$ 10,362.50

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj  
I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

*[Signature]* 8/10/2007  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacement space as storage space until CoFo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2,072.50	\$ 2,072.50
Number of Months in Storage	5	5
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTAL (Add all entries in Parts 1 and 2)</b>					\$
<b>Cost of Effort to Sell Property</b>					\$
<b>Total Amount Claimed (Add lines 1 &amp; 2. Enter on Line 4 of Page 1-Computation)</b>					\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

*Theresa R. Lattery*  
Signature

8/10/2007  
Date

**Sign Here**

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:****NAME & TITLE** (Sign or Print)

*Frank R. Rostema* 8/10/2007 **FRANK R. ROSTEMAJ** OWNER

**TO BE COMPLETED BY AGENCY:**

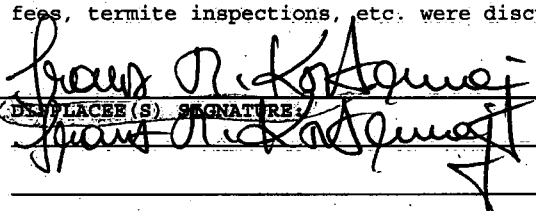
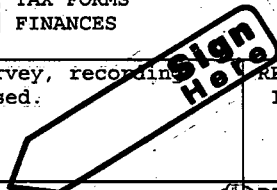
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$10,362.50		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only		
DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED
DATE POSSESSION REQUIRED			
ELIGIBILITY:			
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER			
INTEREST HELD BY APPLICANT:			
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ ) DATE OCCUPANCY AGMT SIGNED:			
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE			
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:		
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$
			DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant		
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE):	
		<input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM	
BUSINESS/FARM/NPO COMMENCED			
STRUCTURE VACATED		BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES		
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.		REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:  DATE: 8/10/2007		 DATE: 8/10/2007

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: 223E Stirling Road, Warren, New Jersey 07059			
Date Replacement Site Obtained: 1 April 07 for storage only; 1 September 07 for business use.			
Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.			
Date DSS Inspection Performed on Replacement Site: n/a Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the Cornell Dublier Electronics (CDE) Superfund Site Remediation Project, or as a result of a written order from the Government to vacate said tract, dated: 19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS:			
Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:			
IAW \$24.301(g) (4), 49 CFR, storage costs for five months.			
FUTURE APPLICATIONS: Anticipated for re-establishment and related expenses.			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Letter dated 23 March 07 from Vantage Development LLC regarding use of space for storage purposes while CofO is obtained.		Self-move payment	
Lease dated 13 July 2007 with Vantage Development LLC.		TOTAL PAID: \$19,220.00	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
1 Feb 2007	Christine Milligan Realty Specialist		

**VANTAGE DEVELOPMENT LLC**

223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Franz Cabinet Co.  
333 Hamilton Blvd.  
S. Plainfield, NJ 07080  
908 209-5556

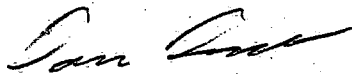
Re: Storage until C.O. issued

March 23, 2007

We estimate having a C.O. for your space in four (4) months.

Until then, you may use the space for storage at the rate of \$2,072.50/month starting April 1, 2007 (3,316 sq.ft. x \$7.50/ft. = \$24,870.00/yr. divided by 12 = \$2,072.50/month)

We will waive the CAM during this period until C.O. is approved.



Tom Friendly  
908 507-0019

Received check # 7787 for \$500.00 as a deposit for Intent to Lease



## **BUSINESS RELOCATION INTERVIEW SUMMARY**

**Franz Cabinet Company**  
**31 January 2007 at 12:00 p.m. (via phone)**  
**Franz Kostemaj**

1. Do you plan to reestablish this business? Yes
2. What are your replacement site requirements (size, location, zoning, features, etc.)?
  - Current lease is for 3,000 square feet of space; would be looking for approximately 2,000 SF
  - Zoning needs to be commercial or light industrial. Want to remain in area; other areas for consideration include Morris County, Hunterdon County, and Union County
3. Are there any outstanding contractual obligations that would be affected by a move?
  - No; current lease is month to month.
  - Request a copy of lease be provided along with listing of your machinery and equipment.
4. What is the financial capacity of the business to accomplish this move?
  - Anticipate needing assistance for move payments.
5. Do you need outside specialists for move planning, actual move completion, machinery re-installation? Any preferred companies?
  - May need specialty company (and/or rigger) to reinstall machinery.
6. Identification of real property v. personal property (list equipment and machinery and identify status of each). Do you expect to move all of the personal property to the new site?
  - All personal property anticipated to be moved.
7. What is the estimated time required for business to vacate this site?
  - Would like to move as soon as possible. Anticipate at least six weeks though.

8. What is the estimated difficulty in locating replacement site, considering special site requirements, zoning and permit issues, etc? Have you looked for any replacement sites?

- Mr. Kostemaj has contacted realtors in the area but has not yet heard back from them.

9. Do you anticipate any advance relocation payments will be required? Yes, for move.

Chris Milligan  
CHRIS MILLIGAN

Franz Kostemaj 3/27/07  
FRANZ KOSTEMAJ (signature & date)

CENAB-RE-S

31 January 2007

MEMORANDUM FOR RECORD

SUBJECT: Franz Cabinet Business Relocation (Cornell-Dublier Superfund Site, S. Plainfield, NJ)

Chris Milligan conducted the initial business interview over the phone on 31 January 07. Pete Mannino was on-site with Mr. Franz Kostemaj. Gloria Hawkins had provided Mr. Kostemaj with the relocation brochure and the list of relocation questions. Pete Mannino (EPA) provided an overview on EPA's site work and anticipated schedule and advised that the 90-day notice would be re-sent (via certified mail).

Chris reviewed moving & related expenses and reestablishment expenses with Mr. Kostemaj; also reviewed in-lieu of payments. Chris provided a review sheet (attached) of benefits and explained reestablishment (capped at \$10,000), and moving and related expenses, and ineligible expenses.

Requested a copy of his current lease and equipment listing.

I will provide listing information as it becomes available.


CHRISTINE MILLIGAN  
Realty Specialist

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: n/a			
DATE NEGOTIATIONS INITIATED	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY:				
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT:				
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ ) DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED		BUSINESS PLANS TO RE-ESTABLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO		
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) -  DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE: 			DATE: 3/27/07

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: _____			
Date Replacement Site Obtained: _____ Amount Paid to Purchase Replacement Site: \$ _____			
Date DSS Inspection Performed on Replacement Site: _____ Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$ _____			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: _____			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS: Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW §24. , 49 CFR,			
FUTURE APPLICATIONS: Anticipated for re-establishment and moving & related expenses.			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Current lease for space at Hamilton Industrial Park			
Machinery and equipment listing/inventory			
Business relocation interview summary		TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
1 Feb 2007	Christine Milligan Realty Specialist		

**Milligan, Chris NAB02**

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**To:** Milligan, Chris NAB02; Hawkins, Gloria S NAB02  
**Cc:** Lewis, Susan K NAB02  
**Subject:** FINAL/UPDATED: Franz & Spring Coil Info for Close Out Report

Christine Milligan, PMP  
Realty Specialist  
(410) 962-5162  
(410) 591-2247 - cell  
(410) 962-0866 - FAX  
(410) 385-5516 - E-Fax

-----Original Message-----

From: Milligan, Chris NAB02  
Sent: Wednesday, January 21, 2009 3:19 PM  
To: Hawkins, Gloria S NAB02  
Cc: Lewis, Susan K NAB02  
Subject: RE: Franz & Spring Coil Info for Close Out Report

Oops.....I forgot funding information.....

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Based on MARY'S FUNDING INFO (below)...

Total Received - \$2,392,918.00  
Spent Labor - \$169,726.88  
Spent TDY - \$223.16  
Spent Relocation = \$1,622,984.79  
Remaining Labor - \$23,016.12  
Remaining Relo, etc. = \$576,967.05

.....I anticipate needing \$29,666 relocation money for Spring Coil's balance of business move payment.

For labor funding....

Don't forget Mary H, Marion, Janet.....

For my labor funding.....

I will charge 2 hours this pay period...assume @ \$200.

I anticipate needing a total of \$4,000 for all remaining actions (Spring coil, getting files together, etc.).

Christine Milligan PMP  
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(410) 591-2247 (cell)

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From: Milligan, Chris NAB02  
Sent: Wednesday, January 21, 2009 3:08 PM  
To: Hawkins, Gloria S NAB02  
Subject: Franz & Spring Coil Info for Close Out Report

Gloria -- Here's Franz's information...

1. Met on 31 January 2006
2. 90-Day notice provided on 19 October 2006 3. Actual move dates reported as (start) March 07 through 31 May 2007 (end) 4. Address of new location: 223E Stirling Road, Warren, New Jersey 5. Claims made / paid
  - 1 Oct 07 - \$10,362.50 provided for storage expenses (Apr thru Aug 2007)
  - 13 Nov 07 - \$10,000 for reestablishment
  - 10 Oct 08 - \$2,500 check provided for search expense....denied other items (only estimates provided).
6. Total paid for benefits is \$22,862.50.
7. He had until 31 March 08 to complete all actions and until 30 Sep 08 to file claims. Based on our last letter, his appeal time expired on 10 Dec 08.

Here's Spring Coil.....

1. Met with them on 23 March 2006
2. 90-Day notice provided on 14 December 2006 3. June(ish) 2007 4. Most recently reported address: 771 South 16th Street, Newark, NJ 5. Claims made / paid
  - Claim received for \$98,800 for self-move (advance) payment. Provided 50% advance = \$49,400.
  - Due to funds expended by the Government (clean-out stuff left) payment reduced (by \$19,734) to \$29,666.
  - Payment of balance for move = \$29,666 6. Total paid for benefits is \$79,066.
7. They had until 21 March 2008 to reestablish and until 30 September 2008 to complete and submit any and all claim forms

Christine Milligan PMP  
Realty Specialist  
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(410) 591-2247 (cell)

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From: Daly, Mary E NAB02  
Sent: Tuesday, January 20, 2009 2:58 PM  
To: Milligan, Chris NAB02  
Subject: RE: Cornell-Dubilier Electronics Superfund site

Chris,

Just to be clear, you are saying I need to prepare the same for the 2 businesses I worked on. Please confirm. If that's the case, that's fine - I'll use your format below. Are the files over in your section in case I have to check on something?

Mary

---

From: Milligan, Chris NAB02  
Sent: Tuesday, January 20, 2009 2:32 PM  
To: Daly, Mary E NAB02; Lewis, Susan K NAB02; Hawkins, Gloria S NAB02  
Subject: RE: Cornell-Dubilier Electronics Superfund site

Mary -- We didn't prepare a REPR for Cornell. For EPA, when a project is completed, we

have to do a close out type report providing information on our acquisition and relocation activities (kind of a summary).

Pete is looking for the close-out report in a REPR type format summarizing all relocations and payments. For Franz Cabinet, I was going to provide Gloria with a paragraph stating...

1. Met with them on \_\_\_\_
2. 90-Day notice provided on \_\_\_\_
3. Actual move date (address of new location)
4. Claims made and claims paid (since some amounts are different)
5. Any outstanding issues

Christine Milligan PMP  
Realty Specialist  
(410) 962-5162  
(410) 962-0866 (FAX)  
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(410) 591-2247 (cell)

---

From: Daly, Mary E NAB02  
Sent: Tuesday, January 20, 2009 2:24 PM  
To: Lewis, Susan K NAB02; Milligan, Chris NAB02; Hawkins, Gloria S NAB02  
Subject: RE: Cornell-Dubilier Electronics Superfund site

All,

There is no information that I have to provide in regard to this request. I do not have any outstanding relocation actions remaining on the businesses I worked and therefore am not charging to the project.

Mary

---

From: Lewis, Susan K NAB02  
Sent: Tuesday, January 20, 2009 1:40 PM  
To: Milligan, Chris NAB02; Hawkins, Gloria S NAB02; Daly, Mary E NAB02  
Subject: FW: Cornell-Dubilier Electronics Superfund site

I spoke to Pete last week regarding the close-out report described below. He would like us to start preparing the draft now based on the information we have, and give it to him to review NLT 31 Mar 09. He is aware that we are still finalizing some claims and that there could be appeals. They need the completed report in order to get credit for a 30 Sep 09 RA completion.

Also, Pete would like a report by the end of this week showing the funding we have remaining. Include all funding: in-house labor, contract, and relocation payments. We need to estimate how much of the remaining funding we need to retain, and what might be available to turn back to EPA.

Please let me know if you have any questions. All information should be sent to Gloria for compilation.

Thanks!

Susan K. Lewis, PMP  
Environmental/IIS Program Manager



Real Estate Division  
CENAB-RE-S  
Office: 410-962-4921  
Cell: 443-875-8040  
Susan.K.Lewis@usace.army.mil

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From: Mannino.Pietro@epamail.epa.gov [mailto:Mannino.Pietro@epamail.epa.gov]  
Sent: Wednesday, January 14, 2009 2:22 PM  
To: Lewis, Susan K NAB02  
Subject: Re: Cornell-Dubilier Electronics Superfund site

Susan, I'll be in the office on both days. Give me a call when you have time. thanks

-----"Lewis, Susan K NAB02" <Susan.K.Lewis@usace.army.mil> wrote: -----

To: Pietro Mannino/R2/USEPA/US@EPA  
From: "Lewis, Susan K NAB02" <Susan.K.Lewis@usace.army.mil>  
Date: 01/14/2009 01:19AM  
Subject: Re: Cornell-Dubilier Electronics Superfund site

Pete = I'm TDY this week (3 hrs behind you). Can we talk Thurs afternoon or Fri?

----- Original Message -----

From: Mannino.Pietro@epamail.epa.gov <Mannino.Pietro@epamail.epa.gov>  
To: Lewis, Susan K NAB02  
Sent: Tue Jan 13 12:03:12 2009  
Subject: Cornell-Dubilier Electronics Superfund site

Susan;

I would like to discuss with you a schedule for submission of the draft closeout report (REPR format) for the tenant relocation at the Cornell-Dubilier Electronics site. I know that some of the tenants have until March 2009 to appeal their claims. When I had talked to Gloria and Chris about the REPR report during our last call in July we discussed that preparation of the report should not wait until the March deadline. However, a schedule wasn't discussed for submitting the report after the March deadline (assuming no appeals). EPA will want to complete the building demolition remedial action by September 2009 (get the RA complete credit). To achieve this goal, EPA would need to approve the REPR report (along with the demolition report from the New York District). The IAG would stay in place until we go through the closeout process for the IAG). Please give me a call if you would like to discuss. thanks

**Milligan, Chris NAB02**

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**From:** Milligan, Chris NAB02  
**Sent:** Friday, November 07, 2008 11:42 AM  
**To:** Pete Mannino  
**Cc:** seppi.pat@epamail.epa.gov; Hawkins, Gloria S NAB02  
**Subject:** Cornell - Franz & Spring Coil

Pete -- Just a quick update.....

Franz Cabinet: In the past had tried to send him his check....which was returned....unclaimed (we usually send checks certified mail). I made a copy of the check and sent it regular mail with a note to contact me to receive. He did and check was re-sent....and signed for.

Spring Coil: Sent a letter denying their \$1M claim and received a call from Yosi Friedman. They still want to be paid for the remaining 50% of their move. He has until 16 Nov to file an appeal and receive the payment....less our costs for cleaning-out the junk, of course.

I'll keep you posted on both of these. Have a great weekend.

Chris

Christine Milligan PMP  
Realty Specialist  
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(410) 591-2247 (cell)



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

October 10, 2008

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01482950 in the amount of \$2,500.00 in connection with your permanent relocation from Hamilton Industrial Park, 333 Hamilton Boulevard, Building 15, South Plainfield, New Jersey to 223E Stirling Road, Warren, New, New Jersey. Please be advised that only \$2,500 of your claim in the amount of \$10,790.00 was approved for payment. The \$2,500.00 is for your search expenses in connection with locating a replacement site.

The remaining balance of your claim in the amount of \$8,290.00 for storage expenses for the months of September, October, November and December 2007 is denied. As stated in our letter dated August 3, 2007, storage expenses would only be paid for a five month period. On October 1, 2007, you were issued U.S. Treasury Check No. 8736-01448422 in the amount of \$1,800.00 and U.S. Treasury Check No. 8736-01448633 in the amount of \$3,000.00 for storage expenses. U.S. Treasury Check No. 8736-01448425 in the amount of \$5,562.50 was issued directly to Vantage Development. These three checks totaling \$10,362.50 represented the full amount due for storage costs for the months of April through August 2007.

As stated in our letter dated January 18, 2008, all necessary actions including your electrical, dust collection, phone lines and compressed air lines associated with your relocation had to be completed no later than March 31, 2008. Your letter dated March 20, 2008 included estimates only, the actual work had to be completed on or before March 31, 2008. Also, please be advised that all completed claim forms were to be submitted for review and approval before September 30, 2008.

All decisions pertaining to your relocation may be appealed. If you wish to submit an appeal, you may do so pursuant to 49 CFR Section 24.10. In order to appeal a decision, you must send a written notice of appeal within sixty (60) days from the date of this letter to the following address:

Mr. Craig R. Homesley  
Acting Chief, Real Estate Division  
U.S. Army Corps of Engineers, Baltimore  
ATTN: Real Estate Division  
P. O. Box 1715  
Baltimore, Maryland 21203-1715

Your letter should clearly state the basis for your appeal. You may request a conference with the reviewing official concerning the appeal, at a mutually agreeable time and place, and you may submit additional information at any time prior to final action on the appeal. The appeal will be considered by the District Commander, and, if action favorable to you cannot be taken, the appeal will be submitted to the Division Commander for review. Upon receipt of a decision by the Division Commander, you may request in writing within 60 days that the appeal be forwarded to Headquarters of the U.S. Army Corps of Engineers for additional review. You will be notified of the decision made at each stage of the appeal proceeding. The appeals process will be coordinated with the EPA, and EPA Headquarters will make the final administrative decision regarding the appeal.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215.

Your cooperation throughout this process has been greatly appreciated.

Sincerely,

Craig R. Homesley  
Acting Chief, Real Estate Division

Enclosure

Copy Furnished:  
Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-SCM  
LEWIS/CENAB-RE-S  
HOMESLEY/CENAB-RE-C

DOCUMENT: Franz-Chk-Final/cornell/milligan/special/share

15-8  
000

8736-01482950

Check No. \_\_\_\_\_

Pay to  
the order of

**CONTRACT**      **FRANZ CABINET**

18 JUN 2006

**PAY EXACTLY \$\*\*\*\*\*2500AND00CTS**

**\$elektro2500,00**

FRANZ CABINET COMPANY C O FRANZ KOSTERNA  
C O USACE GENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201

24

TO BE AFTER ONE YEAR

Donald E. Smith, Jr.

11873620

1:000000518: 0148295070

October 3, 2008

Dear Mr. Milligan!

I've received your Letter about the check in the amount of \$2500,-, please send it again either by Fed Ex as you always did or by reg. Mail or by direct deposit into the Bank account. I've included a Deposit slip for the Routing # and the Account # PNC BANK

Routing # 6400 6020

Account # 8028275846

Thank you very much

Best regards

Francis R. McGurney

**DEPOSIT TICKET****FOR CLEAR COPY, PRESS FIRMLY****FRANZ CABINET CO.****333 HAMILTON BLVD****SOUTH PLAINFIELD, NJ 07080**

DATE \_\_\_\_\_

PNC Bank, N.A.  
New Jersey 060**PNCBANK**

CHECKS AND OTHER ITEMS RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT. DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

	DOLLARS	CENTS
CURRENCY		
COINS		
CHECKS <small>LIST EACH SEPARATELY</small>		
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25		
26		
27		
28		
TOTAL BACKSIDE: OR ATTACHED LIST		
PLEASE RE-ENTER TOTAL HERE <b>TOTAL</b>		
USE OTHER SIDE FOR ADDITIONAL LISTING. PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED.		

TOTAL  
ITEMS

\$

\$

1:5400 5020: 8028275845



Pay to  
the order of

CONTRACT FRANZ CABINET

18-JUN-2008

PAY EXACTLY \$\*\*\*\*\*2500AND00CTS  
\$\*\*\*\*\*2500.00\*

FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ  
C O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201



Re  
St

E1

M 1873620 000000518 014829507  
26  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01482950 in the amount of \$2,500.00 in connection with your permanent relocation. Hamilton Industrial Park, 333 Hamilton Boulevard, Building E Stirling Road, Warren, New, New Jersey. Please be advised that the amount of \$10,790.00 was approved for payment. The amount in connection with locating a replacement site.

U.S. Army Corps of Engineers  
Baltimore District

CHRISTINE M. MILLIGAN  
Realty Specialist  
Real Estate Division

(410) 962-5162  
Fax (410) 962-0866  
(888) 867-5215  
chris.milligan@  
nab02.usace.army.mil

Attn: CENAB-RE  
P. O. Box 1715  
Baltimore, MD 21203-1715

Development. These three checks totaling \$10,362.50 represented the full amount due for storage costs for the months of April through August 2007.

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All decisions pertaining to your relocation may be appealed. If you wish to submit an appeal, you may do so pursuant to 49 CFR Section 24.10. In order to appeal a decision, you must send a written notice of appeal within sixty (60) days from the determination to the following address:

Mr Kostemaj:

Attempted to provide check via Certified Mail on two different occasions. Both times, check has been returned as "unclaimed". Please contact me.

Chris Milligan





**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

June 24, 2008

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01482950 in the amount of \$2,500.00 in connection with your permanent relocation from Hamilton Industrial Park, 333 Hamilton Boulevard, Building 15, South Plainfield, New Jersey to 223E Stirling Road, Warren, New, New Jersey. Please be advised that only \$2,500 of your claim in the amount of \$10,790.00 was approved for payment. The \$2,500.00 is for your search expenses in connection with locating a replacement site.

The remaining balance of your claim in the amount of \$8,290.00 for storage expenses for the months of September, October, November and December 2007 is denied. As stated in our letter dated August 3, 2007, storage expenses would only be paid for a five month period. On October 1, 2007, you were issued U.S. Treasury Check No. 8736-01448422 in the amount of \$1,800.00 and U.S. Treasury Check No. 8736-01448633 in the amount of \$3,000.00 for storage expenses. U.S. Treasury Check No. 8736-01448425 in the amount of \$5,562.50 was issued directly to Vantage Development. These three checks totaling \$10,362.50 represented the full amount due for storage costs for the months of April through August 2007.

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ATTN: Real Estate Division  
P. O. Box 1715  
Baltimore, Maryland 21203-1715

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If you have any questions regarding the above, please feel free to contact Ms. Christine Milligan at 410-962-5162; you may also call toll-free and leave a message at (888) 867-5215.

Your cooperation throughout this process has been greatly appreciated.

Sincerely,

  
Craig R. Homesley  
Acting Chief, Real Estate Division

Enclosure

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Copy Furnished:  
Pete Mannino, EPA Region II

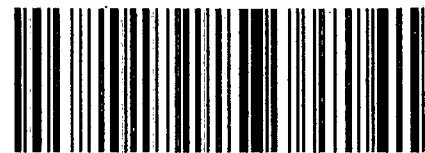
RE

DEPARTMENT OF THE ARMY  
U.S. ARMY ENGINEER DISTRICT, BALTIMORE  
CORPS OF ENGINEERS

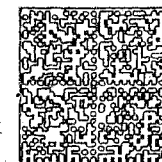
P.O. BOX 1715  
BALTIMORE, MARYLAND 21203-1715

OFFICIAL BUSINESS

CERTIFIED MAIL™



7004 2510 0006 6075 3408



02 1A  
0004629058  
MAILED FROM ZIP CODE 21201



☐ INSUFFICIENT ADDRESS  
☐ ATTEMPTED NOT KNOWN  
☐ NO SUCH NUMBER/ STREET  
☐ NOT DELIVERABLE AS ADDRESSED  
- UNABLE TO FORWARD

☒ OTHER

**RTS**  
RETURN TO SENDER

Unclaim

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

LNTC  
RW  
6/28/08  
7-8-08  
7-18-08

21203+1715 B900



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington New Jersey 07946

2. Article Number  
(Transfer from service label)

7004 2510 0006 6075 3408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CENAB-RE-S

DATE: 14 Oct 2008

**REQUEST FOR OVERNIGHT MAIL SERVICE**

Franz Kostemaj

(Recipient's Name)

(Phone Number)

(Company Name)

(Suite or Room Number)

262 Skyline Drive

(Street Address – no P.O. Boxes)

Millington

NJ

07946

(City)

(State)

(Zip Code)

POC for this action is Chris Milligan at x5162.



SUSAN K. LEWIS

Environmental Program Manager

Special Projects Support Branch

Real Estate Division

Ref:	Date: 10/15/2008	SHIPPING:	4.45
Dep: REAL ESTATE	Wgt: 0.1 LBS	SPECIAL:	0.00
		HANDLING:	0.00
DV:	0.00	TOTAL:	4.45

Sves: PRIORITY OVERNIGHT  
TRCK: 9015 6925 7300

FedEx | Track - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Failed to retrieve buttons from My Web Search. Retry

Address: http://www.fedex.com/Tracking?ascend\_header=1&clienttype=dotcom&cntry\_code=us&language=english&tracknumbers=901569257300 Go Links

Ship Track Manage Business Solutions

Track Shipments/FedEx Kinko's Orders [Printable Version](#) [Quick Help](#)

### Detailed Results

<b>Tracking number</b>	901569257300	<b>Department number</b>	REAL ESTATE
<b>Signed for by</b>	Signature release on file	<b>Destination</b>	MILLINGTON, NJ
<b>Ship date</b>	Oct 15, 2008	<b>Delivered to</b>	Residence
<b>Delivery date</b>	Oct 16, 2008 9:31 AM	<b>Service type</b>	Priority Envelope
<b>Status</b>	Delivered	<b>Weight</b>	0.5 lbs.
<b>Signature image available</b>	No		

**Wrong Address?**  
Reduce future mistakes by using [FedEx Address Checker](#).

**Tracking a FedEx SmartPost Shipment?**  
Go to [shipper login](#)

Date/Time	Activity	Location	Details
Oct 16, 2008 9:31 AM	Delivered	MILLINGTON, NJ	Left at front door. Package delivered to recipient address - release authorized
8:33 AM	On FedEx vehicle for delivery	BRANCHBURG, NJ	
7:24 AM	At local FedEx facility	BRANCHBURG, NJ	
5:59 AM	Departed FedEx location	NEWARK, NJ	
12:05 AM	Arrived at FedEx location	NEWARK, NJ	
Oct 15, 2008 9:20 PM	Left FedEx origin facility	LINTHICUM HEIGHTS, MD	
4:55 PM	Picked up	LINTHICUM HEIGHTS, MD	
8:52 AM	Package data transmitted to FedEx		

**FedEx Desktop:**  
Tracking at your fingertips.  
[Learn more](#)

Done

start 2 Microsoft Office... 2 Microsoft Office... FedEx | Track... 9:13 AM

Lee: Called FedEx  
to try to get street address

Gary: \*206.

Delivered to



**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

June 24, 2008

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01482950 in the amount of \$2,500.00 in connection with your permanent relocation from Hamilton Industrial Park, 333 Hamilton Boulevard, Building 15, South Plainfield, New Jersey to 223E Stirling Road, Warren, New, New Jersey. Please be advised that only \$2,500 of your claim in the amount of \$10,790.00 was approved for payment. The \$2,500.00 is for your search expenses in connection with locating a replacement site.

The remaining balance of your claim in the amount of \$8,290.00 for storage expenses for the months of September, October, November and December 2007 is denied. As stated in our letter dated August 3, 2007, storage expenses would only be paid for a five month period. On October 1, 2007, you were issued U.S. Treasury Check No. 8736-01448422 in the amount of \$1,800.00 and U.S. Treasury Check No. 8736-01448633 in the amount of \$3,000.00 for storage expenses. U.S. Treasury Check No. 8736-01448425 in the amount of \$5,562.50 was issued directly to Vantage Development. These three checks totaling \$10,362.50 represented the full amount due for storage costs for the months of April through August 2007.

As stated in our letter dated January 18, 2008, all necessary actions including your electrical, dust collection, phone lines and compressed air lines associated with your relocation had to be completed no later than March 31, 2008. Your letter dated March 20, 2008 included estimates only, the actual work had to be completed on or before March 31, 2008. Also, please be advised that all completed claim forms must be submitted for review and approval on or before September 30, 2008.

All decisions pertaining to your relocation may be appealed. If you wish to submit an appeal, you may do so pursuant to 49 CFR Section 24.10. In order to appeal a decision, you must send a written notice of appeal within sixty (60) days from the determination to the following address:

Mr. Craig R. Homesley  
Acting Chief, Real Estate Division  
U.S. Army Corps of Engineers, Baltimore  
ATTN: Real Estate Division  
P. O. Box 1715  
Baltimore, Maryland 21203-1715

Your letter should clearly state the basis for your appeal. You may request a conference with the reviewing official concerning the appeal, at a mutually agreeable time and place, and you may submit additional information at any time prior to final action on the appeal. The appeal will be considered by the District Commander, and, if action favorable to you cannot be taken, the appeal will be submitted to the Division Commander for review. Upon receipt of a decision by the Division Commander, you may request in writing within 60 days that the appeal be forwarded to Headquarters of the U.S. Army Corps of Engineers for additional review. You will be notified of the decision made at each stage of the appeal proceeding. The appeals process will be coordinated with the EPA, and EPA Headquarters will make the final administrative decision regarding the appeal.

If you have any questions regarding the above, please feel free to contact Ms. Christine Milligan at 410-962-5162; you may also call toll-free and leave a message at (888) 867-5215.

Your cooperation throughout this process has been greatly appreciated.

Sincerely,

Craig R. Homesley  
Acting Chief, Real Estate Division

Enclosure

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Copy Furnished:  
Pete Mannino, EPA Region II

*Hawkins 6/24/03*  
HAWKINS/CENAB-RE-S/gs/2-2003  
MILLIGAN/CENAB-RE-S *cm*  
HOMESLEY/CENAB-RE-C *CH*





United States Treasury

15-51  
000

USACE FINANCE CENTER  
MEMPHIS, TN

8736-01482950

Check No.

CONTRACT FRANZ CABINET

18-JUN-2008

Pay to  
the order of

PAY EXACTLY \$\*\*\*\*\*2500AND00CTS  
\$\*\*\*\*\*2500.00\*

FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ  
C O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201

VOID AFTER ONE YEAR  
*Carol Blair-Spencer*

E1

87362

000000518 014829507

USA Corps of Engineers  
Finance Center  
5722 Integrity Drive  
Millington TN 38054-5005

Obli No FRANZ CABINET  
Delivery order 4  
Inv Ref No 4 JUNE 2008  
Payment Date 6/18/2008  
Pmt Method TCHEC

E1

FRANZ CABINET COMPANY CO FRANZ KOSTEMAJ  
CO USACE CENAB-RE-C  
10 S HOWARD STREET  
BALTIMORE MD 21201

Pmt Amt 2500.00  
Discount Amt .00  
Interest Amt .00  
Check/EFT no 1482950  
Disb Station Symbol 8736

# **PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

Standard Form 1032  
Revised October 1987  
Department of the Treasury  
1 TFM 4-2000  
1034-122

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
U.S. Army Corps of Engineers, Baltimore  
P.O. Box 1715  
Baltimore, MD 21203-1715

PLEASE FED EX CHECK TO BALTIMORE DISTRICT

DATE VOUCHER PREPARED  
4 June 2008

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

VOUCHER NO.

SCHEDULE NO.

PAID BY

E1

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ CABINET COMPANY - Tax ID # 22-7376837  
272 Skyline Drive  
Millington, NJ 07946

PLEASE FED EX CHECK TO CENAB-RE-S

CERTIFIED

DATE

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT BAL NUMBER

SHIPPED FROM

TO

WEIGHT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		TOTAL
				COST	PER	
		Payment for search expenses in connection with the permanent relocation from 333 Hamilton Blvd S. Plainfield, NJ to 272 Skyline Drive, Millington NJ in connection with the Cornell-Dubilier Electronics Superfund Site, South Plainfield, NJ.  Payment IAW Public Law 91-646, as amended.				2,500.00
(Use continuation sheets if necessary) (Payee must NOT use the space below)						2,500.00

PAYMENT:  
☐ PROVISIONAL  
☐ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

APPROVED FOR

= \$ 2,500.00

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

SUSAN K. LEWIS

TITLE

Environmental Program Manager, Real Estate Division

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

PAY BY CHECK NUMBER ON ACCOUNT OF U.S. DEPARTMENT OF THE TREASURY  
CASH DATE PAYEE'S  
PER TITLE

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

Previous edition usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 62b and 82a, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SN 754C-00-900-2234

USAPA V4.00

E1

FRANZ CABINET

4

Baltimore District CEFMS

Action Edit Block Field Record Query ESIG Help Window

v2.1.71 Receiving Report Create/Update Screen 2.42

FRANZ CABINET	CORNELL - FRANZ CABINET RELO	4
REFERENCE NO: SF 1034	CONTINUING CONTRACT	Y
Created: 11-JUN-2008	Page: 1	
Current Period: 11-JUN-2008	Number of Lines: 1	
Accepted: 11-JUN-2008	Amount: 2500.00	
Consolidated: 18-JUN-2008		
Remarks:		
Recorder:		
Name: MARY J HOLLOBAUGH	Job: BUDGET ANALYST	
Address: PO BOX 1715	City: BALTIMORE	
	State: MD Zip Code: 21203-1715	
	Phone: 410-962-4918	
Line Item: 0001	CORNELL - FRANZ CABINET CO RELO EXPENSES	Y
Quantity: 0	Amount: 2500.00	Deliver To: HOLLOBAUGH
Quantity: 0	Amount: 2500.00	NAME: MARY J
Quantity: 0	Amount: 2500.00	RENAB-REC
Quantity: 0	Amount: 2500.00	410-962-4918

FRM-40400: Transaction complete: 2 records applied and saved.

Record: 1/1

Please for  
check.FINANCE CENTER  
OSAGE

13 PM 12:54

Post-It® Fax Note	7671	Date	6/11/08	# of pages	2
To	Oweda	From	Hollobaugh		
Phone #		Co.			
Fax #		Phone #			
		Fax #			

RECEIVED  
Mary J

# United States Treasury

15-51  
000USACE FINANCE CENTER  
MEMPHIS, TN

8736-01482950

Check No.

Pay to  
the order of

CONTRACT FRANZ CABINET

18-JUN-2008

PAY EXACTLY \$\*\*\*\*\*2500AND00CTS

\$\*\*\*\*\*2500.00\*

FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ  
C O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201

E1

VOID AFTER ONE YEAR  
*Carol M. Milligan*

M 157362

:000000518: 014829507

26

Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01482950 in the amount of \$2,500.00 in connection with your permanent relocation from Hamilton Industrial Park, 333 Hamilton Boulevard, Building 3E Stirling Road, Warren, New, New Jersey. Please be in the amount of \$10,790.00 was approved for payment. The n connection with locating a replacement site.

U.S. Army Corps of Engineers  
Baltimore DistrictCHRISTINE M. MILLIGAN  
Realty Specialist  
Real Estate Division(410) 962-5162  
Fax (410) 962-0868  
(888) 867-5215  
chris.milligan@  
nab02.usace.army.milAttn: CENAB-RE  
P. O. Box 1715  
Baltimore, MD 21203-1715

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Mr Kostemaj:

Attempted to provide check via Certified Mail on two different occasions. Both times, check has been returned as "unclaimed". Please contact me.

Chris Milligan

# United States Treasury

15-51  
000USACE FINANCE CENTER  
MEMPHIS, TN

8736-01482950

Check No.

Pay to  
the order of

CONTRACT FRANZ CABINET

18-JUN-2008

PAY EXACTLY \$~~\*\*\*\*\*2500~~AND00CTS\$~~\*\*\*\*\*2500.00~~\*FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ  
C O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201

E1

VOID AFTER ONE YEAR  
*David M. Elia*

M 87362

:000000518: 014829507

Millington, New Jersey 07946

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**BLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
U.S. Army Corps of Engineers, Baltimore  
P.O. Box 1715  
Baltimore, MD 21203-1715

DATE VOUCHER PREPARED  
4 June 2008

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PLEASE FED EX CHECK TO BALTIMORE DISTRICT

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ CABINET COMPANY - Tax ID # 22-7376837  
272 Skyline Drive  
Millington, NJ 07946

PLEASE FED EX CHECK TO CENAB-RE-S

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
		Payment for search expenses in connection with the permanent relocation from 333 Hamilton Blvd S. Plainfield, NJ to 272 Skyline Drive, Millington NJ in connection with the Cornell-Dubilier Electronics Superfund Site, South Plainfield, NJ.  Payment IAW Public Law 91-646, as amended.				2,500.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

2,500.00

PAYMENT:

- ☐ PROVISIONAL  
☐ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

2,500.00

SUSAN K. LEWIS

Environmental Program Manager, Real Estate Division

DIFFERENCES

Amount verified; correct for

(Signature or initials)

**MEMORANDUM**

ACCOUNTING CLASSIFICATION

PAID BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

\$

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

USAPA V4.00

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved:	Address To Which Claimant Moved:
333 Hamilton Boulevard, South Plainfield, NJ	223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started:
	March 2007
Date Move Completed:	

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses <i>ELECTRIC/DOCT/WORK</i>	\$	\$
(6) Other (attach explanation) <i>COMPRESSED AIR WORK</i>	\$	\$
(7) Total Amount Claimed <i>ATTACHED ESTIMATES</i>	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$	\$

Certification of Eligibility for Relocation Payments and Services: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: *[Signature]* 3/20/08

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

*[Signature]* 3/20/08 owner  
Signature and Date Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacment space as storage space until CofO obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Sharon R. Kutzewaj  
Signature

3/20/08  
Date



**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:****NAME & TITLE (Type or Print)**

*Francis R. Kostman* 3/20/08 **FRANZ R. KOSTMAN** OWNER

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY:				
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT:				
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:			DATE:

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES			
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: 223E Stirling Road, Warren, New Jersey 07059			
Date Replacement Site Obtained: 1 April 07 for storage only; 1 September 07 for business use.			
Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.			
Date DSS Inspection Performed on Replacement Site: n/a Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u>			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS: Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW \$24. , 49 CFR,			
FUTURE APPLICATIONS:			
ATTACHMENTS:  Receipts for		PREVIOUS PAYMENTS & AMOUNT:  Self-move, storage, search & insurance, reestablishment  TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE Christine Milligan Realty Specialist	SIGNATURE OF RELOCATION ADVISOR:	



**EMS ELECTRICAL MECHANICAL SERVICE Inc** since 1995  
NJ Electrical License # 13867 12 Crosswood Way Warren, New Jersey 07059  
Permit # 13867A

**OFFICE: 908 903-9677 EMS GROUP SERVICES FAX 908 903-0027**

**April 20, 2007**

**PROJECT SITE:** 221 Stirling Ridge Rd  
Warren, NJ

**JOB NO:** 420.28

**ATT:** Frank Kostenaj  
**Phone:** 908 209- 5556 (cell)  
**Fax:** 908 754 -3737

**FROM:** David Sautner  
EMM Consultant  
908 294- 6708 (cell)

**CC:** Bill Bennett  
PROJECT MANAGER  
908 938- 4493 (cell)

## **PROPOSAL**

### **PROJECT SCOPE:**

Provide ELECTRICAL, HVAC/VENTILATION  
SERVICES including materials and labor  
for complete installation

### **PROJECT DETAILS:**

#### **ELECTRICAL SERVICES**

- As per drawings SUPPLY all electrical disconnects, conduit and wiring as needed for equipment and code acceptance

**SUBTOTAL: \$ 21,800.00**

#### **HVAC / VENTILATION SERVICES**

- **INSTALL** and **CONNECT** all duct work for machine hook-up to central Wood Working Vacuum System
- **SEAL** all connections and support approved methods and hardware

**SUBTOTAL: \$ 14,300.00**

#### **AIR LINES**

- **PROVIDE** all copper, support hangers and compression connectors as per drawings

- **TEST** for air pressure and secure all Hardware for System

**SUBTOTAL: \$ 15,500.00**

**EXCLUDED:** PERMIT FEES not included

WE , hereby propose to **SUPPLY** and **INSTALL** the equipment, materials per specifications and description of services as noted in this contracted proposal for the TOTAL SUM of :

**FIFTY ONE THOUSAND SIX HUNDRED and 00/100 ..... \$ 51,600.00**

**Note:** This proposal may be withdrawn if not accepted within 20 days of submission of this contracted proposal

**PAYMENT SCHEDULE:**

30 % DEPOSIT RETAINER on approval  
30 % upon DELIVERY of EQUIPMENT  
30% upon JOB COMPLETION  
10% upon INSPECTION PASS

**PAYABLE TO:** ELECTRICAL MECHANICAL SERVICE INC  
12 Crosswood Way Warren, New Jersey 07059

*All material and services are guaranteed as specified. All work to be completed in a professional manner according to standard practices. This agreement is contracted from evaluations per objectives, and specifications as shown per this agreement. In the event of any unknown conditions and/or unforeseen circumstances not noted in this proposal, we will inform the Project Owner as to what is needed and at that time, a JOB ORDER CHANGE will be drawn up and submitted to the Project Owner for approval.*

PROPOSAL DATE: \_\_\_\_\_

David Sautner  
EMS Consultant 908 294-6708



**EMS GROUP SERVICES**  
OFFICE 908 903-9677 FAX 908 903-0027

**AGREEMENT ACCEPTANCE**

DATE: \_\_\_\_\_

Authorized Signature/s (X) \_\_\_\_\_

Title \_\_\_\_\_

**John Elmi Plumbing and Heating and Water Treatment**  
**Thomas Brady**

Plumbing License Numbers:  
10507

Office: 908-537-2343  
Bernardsville: 908-221-0600  
Fax: 908-537-2051  
Emergency: 908-963-1261

**Remit to Address:**  
503 Mine Road  
Hampton, NJ 08827

<b>Bill To</b>
Franz Cabinet Company 333 Hamilton Blvd South Plainfield, NJ 07080 Phone: 908-668-9199 Fax: 908-754-3737

# Proposal

Date	Invoice #
4/21/2007	1170

P.O. No.	Due Date	Date of Service
	4/21/2007	

Quantity	Description	Rate	Amount
	Install 1" copper L tubing, reducing to 3/4" wrapping around rental space. Compressed air loop will provide drops every 7' with quick disconnects provided. Compressor controls needed not - Not In Contract. Beam clamp to rear drop hangers will be used to support tubing to I beams. Split ring hangers will be used to support 1/2" individual drops against concrete wall. Sales Tax	16,391.00       7.00%	16,391.00       0.00

Franz Cabinet Co. _____	<b>Total</b>  <b>\$16,391.00</b>
Tom Brady _____	

FRANZ CABINET CO.  
262 SKYLINE DRIVE  
MILLINGTON NJ 07946

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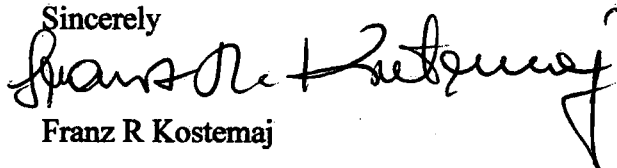
Dept of the Army  
Baltimore District U.S.Army Corps of Engineers  
Real Estate Division  
10 South Howard Street  
Baltimore, MD 21203-1715

March 20 2008

Dear Ms. Milligan

Enclosed please find signed Forms for the Shop Space search Copys of Estimates for Electric Work, Dust Collection work, Compressed Air lines work, and Address / Phone/ Location/ Records for the Shop Space Search you requested. I am still looking for the second Electric work Estimate wich I can't find, for the Duct work I called 3 Companies only one came, and there are no other Co. in the area for Duct work, please let me know what I should do in this matter. Thank you for your help.  
If you need to reach me my tel. Is 908 209 5556

Sincerely

  
Franz R Kostemaj

Tenant and POC	Type of Move Self or Professional	Alph Moving & Storage Estimates	Date Move Estimates Rec'd From Tenant	Approved Move Estimate Amount	Approved Re-establishment Expenses	Claim Received	Claim Approved
Spring Coil Bedding	Mixed	\$ 135,000.00	1/31 & 2/13/07	\$ 135,000.00		\$ 98,800.00	\$ 49,400.00
A&C Catalysys, Inc.	Self	\$ 44,500.00	24-Jan	\$ 44,500.00		\$ 22,250.00	\$ 22,250.00
BP Nakak	Self	\$ 39,122.00	3/29/2007	\$ 39,122.00			
Complete Liquidation Company	Self	\$ 717,000.00	10/9/2006	\$ 717,000.00	\$ 10,000.00	\$ 822,318.00	\$ 400,000.00
Fayette Trading	Self	\$ 170,000.00	7/26/2006	\$ 119,850.00	\$ 400.00	\$ 119,850.00	\$ 119,850.00
Dove Construction	Self	na	na	\$ -		\$ -	
Keystone Plastics	Professional	\$ 25,200.00	10/16/2006	\$ 24,865.00	\$ 10,000.00	\$ 24,865.00	\$ 24,865.00
R&M Manufacturing	Self	\$ 106,000.00	5/20/2007	\$ 90,970.00	\$ 10,000.00	\$ 200,000.00	\$ 81,881.00
Central Jersey Trading Company	Self	\$ 13,850.00	5/3/2007	\$ 13,850.00	\$ 9,609.12	\$ 6,925.00	\$ 6,925.00
Chamberlain Power and Electric	Self	na	na	\$ -		\$ -	
Nesser Metals & Alloys, LLC	Self	\$ 14,650.00		\$ 14,650.00			
Franz Cabinet Company	Mixed	\$ 21,058.00	7-Mar-07	\$ 19,220.00		\$ 19,220.00	\$ 19,220.00
Townsend Brothers Moving & Storage	Self	\$ 21,000.00		\$ 21,000.00		\$ 21,000.00	\$ 21,000.00
DCS of Newark Enterprises Inc.		na	na	\$ -		\$ -	
<b>Totals</b>		<b>\$ 1,307,380.00</b>		<b>\$ 1,240,027.00</b>			

NOTE: All tenants who elected to do a self move assumes full responsibility for their move.

Below are the projected/actual costs as they relate to the relocation of the tenants at the Industrial Park

	<u>Projected</u>	<u>Actual/To Date</u>
Moving Costs	\$ 1,154,700.00	\$1,100,655.00
Re-establishment	\$ 130,000.00	\$ 40,009.12
Related Expenses	\$ 404,145.00	\$ 371,674.31
Search Expenses	\$ 32,500.00	\$ -
<b>Total Projected Costs</b>	<b>\$ 1,721,345.00</b>	<b>Total Actual \$1,512,338.43</b>

As of: 4 Sep 07

\$19,220 - self move payment  
Sent 4 April 07

\$10,000  
4 Feb 08 Updated  
Reestablishment  
sent 13 Nov 07  
Claim Rec'd 19 Oct 07  
Approved 30 Oct 07

\$10,362.50 Storage sent 20 Oct 07  
Claim Rec'd 18 Sep 07  
Approved 20 Oct 07





**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

January 18, 2008

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding your permanent relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey.

As you are aware, you have until March 31, 2008 to complete all necessary actions in connection with your relocation. You have until September 30, 2008 to complete and submit any claim forms in connection with your permanent relocation.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215.

Your cooperation throughout this process has been greatly appreciated.

Sincerely,

Susan K. Lewis  
Environmental Program Manager  
Real Estate Division

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162  
LEWIS/CENAB-RE-S

DOCUMENT: Frans-Cut-Off-Date/cornell/milligan/special/share

**MFR: Letter mailed both Certified Mail and Regular Mail.**



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

January 18, 2008

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Your cooperation throughout this process has been greatly appreciated.

Sincerely,

Susan K. Lewis  
Environmental Program Manager  
Real Estate Division

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

MAIL ROOM  
JAN 22 2008  
U.S. ARMY CORPS OF ENGINEERS  
BALTIMORE DISTRICT  
P.O. BOX 1715  
BALTIMORE, MD 21203-1715

RE  
DEPARTMENT OF THE ARMY  
U.S. ARMY ENGINEER DISTRICT, BALTIMORE  
CORPS OF ENGINEERS

P.O. BOX 1715  
BALTIMORE, MARYLAND 21203-1715

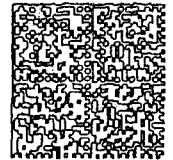
OFFICIAL BUSINESS

1-24 R10  
1-29  
2-8

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946



7004 2510 0006 6074 8206



UNITED STATES POSTAGE  
02 1A  
0004629058  
JAN 21  
\$05  
MAILED FROM ZIP CODE  
FIVE BA

NIXIE 078 DE 1 00 02/18/08

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 21203171515 \*2927-12527-22-36

07946+1502  
21203@1715



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey  
07946

2. Article Number  
(Transfer from service label)

7004 2510 0006 6074 8206

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

January 18, 2008

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding your permanent relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey.

As you are aware, you have until March 31, 2008 to complete all necessary actions in connection with your relocation. You have until September 30, 2008 to complete and submit any claim forms in connection with your permanent relocation.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215.

Your cooperation throughout this process has been greatly appreciated.

Sincerely,

Susan K. Lewis  
Environmental Program Manager  
Real Estate Division

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162  
LEWIS/CENAB-RE-S

DOCUMENT: Frans-Cut-Off-Date/cornell/milligan/special/share

**MFR: Letter mailed both Certified Mail and Regular Mail.**

CENAB-RE-S

DATE: 13 Nov 07

REQUEST FOR OVERNIGHT MAIL SERVICE

Franz Kostemaj

(Recipient's Name)

209-55526  
908-~~4444~~

(Phone Number)

(Company Name)

(Suite or Room Number)

206 Skyline Drive

(Street Address - no P.O. Boxes)

Millington

(City)

NJ

(State)

07946

(Zip Code)

Ref:  
Dep: REAL ESTATE

Date: 11/14/2007  
Wgt: 0.1 LBS

DV:

SHIPPING:	4.41
SPECIAL:	0.00
HANDLING:	0.00
TOTAL:	4.41

Svcs: PRIORITY OVERNIGHT  
TRCK: 9015 6922 9220

POC for this action is Chris Milligan at x5162.



SUSAN K. LEWIS  
Environmental Program Manager  
Special Projects Support Branch  
Real Estate Division



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

November 13, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01455377 in the amount of \$10,000 in connection with your permanent relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. This check represents the full amount due for reestablishment expenses.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message for her at (888) 867-5215.

Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162

LEWIS/CENAB-RE

DOCUMENT: Franz-Chk-Snd3/cornell/milligan/special/share

W2 ZHRK

Standard Form 1034  
Revised October 1987  
Department of the Treasury  
1 TFM 4-2000  
1034-121

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

SCHEDULE NO.

PAID BY

3 E1

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201

DATE VOUCHER PREPARED  
30 October 2007

CONTRACT NUMBER AND DATE

FRANZ CABINET

REQUISITION NUMBER AND DATE

Note: Above is street/FedEx address

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ CABINET COMPANY  
272 Skyline Drive  
Millington, NJ 07946  
Tax I.D. No.: 22-7376837  
Please FedEx Check to CENAB-RE (FedEx address above)

DATE INVOICE RECEIVED

DISCOUNT TERM

NUMBER

NUMBER

NT

(1)

0,000.00

0,000.00

United States Treasury <sup>15-51</sup>000

USACE FINANCE CENTER  
MEMPHIS, TN

8736-01455377

Check No.

07-NOV-2007

CONTRACT FRANZ CABINET

Pay to  
the order of

PAY EXACTLY ~~\$\*\*\*\*\*10000~~ AND ~~0000~~CTS  
~~\$\*\*\*\*\*10000.00~~\*

FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ  
C O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201

VOID AFTER ONE YEAR

*John M. Blidie*

E1

"87362"

:0000000518: 014553770"

- ☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

JOHN M. BLIDIE

*JOHN M. BLIDIE*

Amount verified; correct for

TITLE

Acting Chief, Real Estate Division

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

## ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (if name of bank)

CASH

DATE

PAYEE

USACE

1 When stated in foreign currency, insert name of currency.

2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

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Previous edition usable

## PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSI 7540-01-900-2234

USAPA V4.00



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2007 NOV - 8 PM 1:08





DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

October 1, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01448422 in the amount of \$1,800 and U.S. Treasury Check No. 8736-01448633 in the amount of \$3,000 in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. We are also providing U.S. Treasury Check No. 8736-01448425 in the amount of \$5,562.50 directly to Vantage Development. These three checks, totaling \$10,362.50, represent the full amount due for storage costs.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message for her at (888) 867-5215.

Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

CF: Pete Mannino, EPA Region II

*CM*  
MILLIGAN/CENAB-RE-S/ CM / 5162

*L* LEWIS/CENAB-RE

DOCUMENT: Franz-Chk-Snd2/cornell/milligan/special/share

W. 224RK

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USAED, Baltimore, ATTN: Mary Hollobaugh City Crescent Building, 7th Floor, Real Estate Division 10 South Howard Street Baltimore, MD 21201 Note: Above is street/FedEx address				DATE VOUCHER PREPARED 14 Sept. 2007		SCHEDULE N.J.
PAYEE'S NAME AND ADDRESS <b>FRANZ CABINET COMPANY</b> 272 Skyline Drive c/o Franz Kostemaj Millington, NJ 07946 Tax I.D. No.: 22-7376837 Please FedEx Check to CENAB-RE (FedEx address above)				CONTRACT NUMBER AND DATE		PAID BY
				REQUISITION NUMBER AND DATE		<b>CERTIFIED</b>
						DATE INVOICE RECEIVED 9/18/07
SHIPPED FROM				TO	WEIGHT	GOVERNMENT B/L NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST PER		AMOUNT (1)
		Reimbursement of \$1,800 paid to date for storage. Total Storage for April to Aug 07 is \$10,362.50 (at \$2,072.50 per month) but receipts only provided to support \$1,800 payment. Storage is at 223E Stirling Road in Warren, NJ; this is the permanent Business location but is being used for storage until Cofo secured. This is in connection with the CDE Superfund Site in S. Plainfield, NJ. Payment (tax exempt) IAW PL 91-646, as amended.				1,800.00
Use continuation sheet(s) if necessary					TOTAL	1,800.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$ 1,800.00	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		BY: <i>[Signature]</i>				
<input type="checkbox"/> PARTIAL		SUSAN K. LEWIS				
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE				
<input type="checkbox"/> ADVANCE		Environmental Program Manager, Real Estate Division				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						


**United States Treasury**

 Pay to  
the order of

CONTRACT FRANZ CABINET

18-SEP-2007

PAY EXACTLY \$\*\*\*\*\*1800AND00CTS

\$\*\*\*\*\*1800.00\*

 FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ  
 C O USACE CENAB RE C  
 10 S HOWARD STREET  
 BALTIMORE MD 21201

E1

 VOID AFTER ONE YEAR  
*[Signature]*

REAL ESTATE

 40-00-900-2234  
 USAPA V4.00

"87362"

:000000518: 014484228"





W224RK

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>		VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USAED, Baltimore, ATTN: Mary Hollobaugh City Crescent Building, 7th Floor, Real Estate Division 10 South Howard Street Baltimore, MD 21201 Note: Above is street/FedEx address			DATE VOUCHER PREPARED 14 Sept. 2007		SCHEDULE NO.
			CONTRACT NUMBER AND DATE		PAID BY
			REQUISITION NUMBER AND DATE		
PAYEE'S NAME AND ADDRESS FRANZ CABINET COMPANY c/o FRANZ KOSTEMAJ 262 Skyline Drive Millington, NJ 07946 Tax ID No. 22-7376837			CERTIFIED 9/19/07 E1		
			DATE INVOICE RECEIVED		

DO 2

9/19/07

E1

 <b>United States Treasury</b>		15-51 000	USACE FINANCE CENTER MEMPHIS, TN	8736-01448633	Check No.
		CONTRACT FRANZ CABINET PAY EXACTLY \$*****3000AND00CTS \$*****3000.00*		19-SEP-2007	3,000.00
Pay to the order of FRANZ CABINET COMPANY C O FRANZ KOSTEMAJ C O USACE CENAB RE C 10 S HOWARD STREET BALTIMORE MD 21201				VOID AFTER ONE YEAR	3,000.00
					

E1

87362

00000005181 01448633

<input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		SUSAN K. LEWIS TITLE Environmental Program Manager, Real Estate Division		Amount verified: correct for (Signature or Initials)	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.					
(Date)		(Authorized Certifying Officer)		(Title)	
ACCOUNTING CLASSIFICATION					
CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.					
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)	
	CASH	DATE	PAYEE		
1 When stated in foreign currency, insert name of currency. 2 If the ability to verify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer shall sign in the space provided, over his official title. When a voucher is prepared in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.				PER TITLE	

 RECEIVED  
 REAL ESTATE DIVISION  
 2007 SEP 20 AM 10:03

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 SEP 17 2007  
 FINANCE

 PRIVACY ACT STATEMENT  
 The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will

SN 7540-00-900-2234

USAPA V4.00

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

DATE VOUCHER PREPARED  
30 October 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ CABINET COMPANY  
272 Skyline Drive  
Millington, NJ 07946  
Tax I.D. No.: 22-7376837  
Please FedEs Check to CENAB-RE (FedEx address above)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT ( <sup>1</sup> )
				COST	PER	
		Payment for business reestablishment expenses at 223E Stirling Road in Warren, NJ. This payment is based on increased rental for the new location on Stirling Road. This is in connection with the CDE Superfund Site in S. Plainfield NJ. Payment (tax extmpt) IAW PL91-646, as amended				10,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						10,000.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2 SUSAN K. LEWIS TITLE Acting Chief, Real Estate Division	EXCHANGE RATE = \$ 10,000.00 = \$ 1.00	DIFFERENCES	
			Amount verified; correct for	
			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

PER

TITLE

**DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT**

PROJECT: Cornell-Dubilier Superfund Site

Date Processed: 29 October 2007

NAME OF APPLICANT(s):  
Franz Cabinet Company

MAIL CHECK TO:  
Franz Cabinet Company  
c/o Franz Kostemaj  
272 Skyline Drive  
Millington, New Jersey 07946

APPLICATION NUMBER

REMIS No.: )

TRACT NUMBER

The following is a determination of relocation benefits due the above applicant under Public Law 91-646:

**1. RESIDENTIAL MOVING EXPENSES**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_

**2. NONRESIDENTIAL MOVING EXPENSES (Business ☒ ; Farm ☐ ; NonProfit ☐ )**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_  
(1) Moving Expenses..... \$ \_\_\_\_\_  
(2) Storage Expenses..... \$ \_\_\_\_\_  
(3) Direct Loss..... \$ \_\_\_\_\_  
(4) Search Expenses..... \$ \_\_\_\_\_  
(5) Reestablishment Expenses..... \$ 10,000.00

**TOTAL** ..... \$ 10,000.00

**3. REPLACEMENT HOUSING, HOMEOWNERS:**

a. Housing Differential..... \$ \_\_\_\_\_  
b. Increased Interest..... \$ \_\_\_\_\_  
c. Closing Costs..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru c, as they apply)**..... \$ \_\_\_\_\_

**4. REPLACEMENT HOUSING, TENANTS**

a. Supplemental Rental Payment... \$ \_\_\_\_\_  
b. Down Payment..... \$ \_\_\_\_\_

**TOTAL (Sum of a or b, as applied)**..... \$ \_\_\_\_\_

**5. INCIDENTAL EXPENSES:**

a. Recording Fee..... \$ \_\_\_\_\_  
b. Transfer Taxes..... \$ \_\_\_\_\_  
c. Prepayment Costs..... \$ \_\_\_\_\_  
d. Prorated Real Estate Taxes..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru d, as they apply)**..... \$ \_\_\_\_\_

**6. Sum approved for immediate payment**..... \$ 10,000.00

REMARKS: Reestablishment check for \$10,000 (maximum payment) based upon rental increase for new location.

Date:

10/30/07

NAME AND TITLE of APPROVING OFFICIAL:

SUSAN K. LEWIS  
Environmental Program Manager

SIGNATURE

*Susan K. Lewis*

## MEMORANDUM FOR RECORD

SUBJECT: Reestablishment expenses – rental increase computations

FRANZ CABINET NEW LEASE - 223E Stirling Road, Warren, NJ

Effective 1 Sep 07 (for 2 years) through 31 Aug 2009. Rent as follows:

1 Sep 07 thru 29 Feb 08	\$1,796 per month
1 Mar 08 thru 31 Aug 08	\$2,073 per month
1 Sep 08 thru 31 Aug 09	\$2,073 per month

OLD LEASE WITH DSC OF NEWARK - Building 15 at 333 Hamilton Boulevard

Aug 2000 through 31 July 2003...continued on a month to month basis

From 1 Aug 00 through 31 Jul 01	\$850 per month
From 1 Aug 01 through 31 Jul 03	\$900 per month

INCREASED RENT CALCULATIONS

New lease: 1 Sep 07 thru 29 Feb 08 = 6 mo at \$1796 =	\$10,776
Old lease: \$900 x 6 months =	\$ 5,400
Increase for first 6 months:	\$5,376

New lease: 1 Mar 08 thru 31 Aug 08 = 6 mo at \$2073 =	\$12,438
Old lease: \$900 x 6 months =	\$ 5,400
Increase for second 6 months:	\$7,038

The above calculations are for the first twelve months of the lease. Based on the first twelve months, payment would be \$12,414. Calculations can be performed for up to 24 months with a statutory maximum of \$10,000 for reestablishment expenses. Payment in the amount of \$10,000 for rent increase is recommended as reestablishment expenses for Franz Cabinet.

CHRISTINE MILLIGAN  
Realty Specialist

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved:	Address To Which Claimant Moved:
333 Hamilton Boulevard, South Plainfield, NJ	223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started:
	March 2007
	Date Move Completed:
	5/31/07

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$ 10,000.00	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 10,000.00	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 10,000.00	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj  
 I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: [Signature] 10/4/07

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

[Signature] 10/4/07 owner  
 Signature and Date Title

## Supporting Data for Storage Cost:

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE:  
See letter dated 23 March 2007 from Vantage; using replacement space as storage space until CofO obtained.Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value for Continued Use at Present Location	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (b) minus (c)	(e) Estimated Cost of Moving Old Property - Agency enter	(f) Amount Claimed (Lesser of (d) or (e))	(g) For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a) Identify Substitute Property for Which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location	(c) Proceeds From Sale or Trade-In of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (b) minus (c)	(e) For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1- Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date



**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
INCREASE OF LEASE AMOUNT PER MONTH ON 2-YEAR LEASE				\$10,000.00	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL COSTS (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:****NAME & TITLE (Type or Print)**

*FRANZ R. KOSTEMAJ* 10/4/07 **FRANZ R. KOSTEMAJ** 10/4/07

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$10,000	<i>Chris Milligan</i>	Christine Milligan	29 Oct 07
Approved	\$10,000	<i>Susan R. Lewis</i>	SUSAN R. LEWIS	30 Oct 07

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER
---	--	--------------------------

PROSPECTIVE APPLICANT(S)	ANY OTHERS APPLICABLE		
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)	NAME	RELATIONSHIP	SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only
-----------	---

DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
-----------------------------------	--	-------------------	---------------------	--------------------------

### ELIGIBILITY:

☐ 180-DAY OWNER/OCC    ☐ 90-DAY OWNER/OCC    ☐ 90-DAY TENANT    ☒ BUSINESS/FARM/NON-PROFIT  
☐ MH/LAND OWNER    ☐ MH OWNER/LAND TENANT    ☐ NON-OCCUPANT OWNER    ☐ OTHER

### INTEREST HELD BY APPLICANT:

☐ OWNER    ☒ TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:

INTEREST ACQUIRED BY GOVERNMENT:    ☐ FEE    ☐ EASEMENT    ☐ LEASE

SALVAGE RETAINED:    IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:  
☐ YES    ☐ NO

APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
-----------------------	----------------------------	-------------------	--------------------------	---

APPLICANT RESIDES ON PROPERTY:  
☐ YES    ☒ NO    IF NO, EXPLAIN: business tenant

DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM
-------------------	------	---

BUSINESS/FARM/NPO COMMENCED

STRUCTURE VACATED    BUSINESS PLANS TO RE-ESTABLISH: ☒ YES    ☐ NO

RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS)	BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES
---	--	--

DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.	REMIS WORK ITEM NUMBER:
---------------------------------------	--	-------------------------

I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.

DISPLACEE(S) SIGNATURE

*Franz R Kostemaj*

DATE 10/4/07

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES			
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
<p>Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:</p> <p>Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)</p> <p>Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u></p> <p>Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>  <u>Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.</u></p> <p>Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$</p> <p>Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.</p> <p>Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u></p> <p>Recommendations as to each item in the application and factual information to support the recommendations are attached.</p> <p>RECOMMENDATIONS:  Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW \$24.301, 49 CFR, reestablishment expenses.</p> <p>FUTURE APPLICATIONS: <u>Equipment hook-ups (electrical)</u></p>			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Receipts for all reestablishment expenses claimed.		<u>7 \$19,220</u> Self-move, storage, <del>search &amp; insurance</del> <u>\$10,362.50</u>	
		TOTAL PAID: \$ <u>29,582.50</u>	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
<u>29 Oct 07</u>	<u>Christine Milligan</u> Realty Specialist	<u>Chr Milligan</u>	

## MEMORANDUM FOR RECORD

SUBJECT: Reestablishment expenses – rental increase computations

FRANZ CABINET NEW LEASE - 223E Stirling Road, Warren, NJ

Effective 1 Sep 07 (for 2 years) through 31 Aug 2009. Rent as follows:

1 Sep 07 thru 29 Feb 08	\$1,796 per month
1 Mar 08 thru 31 Aug 08	\$2,073 per month
1 Sep 08 thru 31 Aug 09	\$2,073 per month

OLD LEASE WITH DSC OF NEWARK - Building 15 at 333 Hamilton Boulevard

Aug 2000 through 31 July 2003...continued on a month to month basis

From 1 Aug 00 through 31 Jul 01	\$850 per month
From 1 Aug 01 through 31 Jul 03	\$900 per month

INCREASED RENT CALCULATIONS

New lease: 1 Sep 07 thru 29 Feb 08 = 6 mo at \$1796 =	\$10,776
Old lease: \$900 x 6 months =	\$ 5,400
Increase for first 6 months:	\$5,376

New lease: 1 Mar 08 thru 31 Aug 08 = 6 mo at \$2073 =	\$12,438
Old lease: \$900 x 6 months =	\$ 5,400
Increase for second 6 months:	\$7,038

The above calculations are for the first twelve months of the lease. Based on the first twelve months, payment would be \$12,414. Calculations can be performed for up to 24 months with a statutory maximum of \$10,000 for reestablishment expenses. Payment in the amount of \$10,000 for rent increase is recommended as reestablishment expenses for Franz Cabinet.

CHRISTINE MILLIGAN  
Realty Specialist



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

October 1, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Tom Friendly  
Vantage Development, LLC  
223 Stirling Road  
Warren, New Jersey 07059

Dear Mr. Friendly:

Enclosed is U.S. Treasury Check No. 8736-01448425 in the amount of \$5,562.50 in connection with the relocation of Franz Cabinet from South Plainfield, New Jersey. This check is to provide the balance due for storage during the period April through August 2007.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162. Your cooperation has been greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

Enclosure

Copy Furnished:  
Franz Kostemaj, 262 Skyline Drive, Millington, NJ 07946  
Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162

LEWIS/CENAB-RE

DOCUMENT: Vantage-Chk-Snd/Cornell/milligan/special/share

## United States Treasury

15-51  
000USACE FINANCE CENTER  
MEMPHIS, TN

Check No.

18-SEP-2007

Standard Form 10  
Revised October 1  
Department of the  
Treasury  
1 TFM 4-2000  
1034-121U.S. DEPARTMENT  
OF THE TREASURY  
USAED, Bal  
City Crescen  
10 South Ho  
Baltimore, M  
Note: AbovePay to  
the order of

CONTRACT FRANZ CABINET

PAY EXACTLY \$5562.50

VANTAGE DEVELOPMENT LLC  
C/O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201*Don't Blat! Shame*PAYEE'S  
NAME  
AND  
ADDRESS

E1

"87362"

:000000518: 014484250"

SHIPPED FROM

TO

WEIGHT

GOVERNMENT S/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		Payment for storage for Franz Cabinet Company (direct to Vantage) in the amount of \$5,562.50. Total storage for April to Aug 07 is \$10,362.50 (at \$2,072.50 per month); \$1,800 payment processed to reimburse Franz Cabinet and anticipate reimbursing an additional \$3,000 to Franz Cabinet. Storage is at 223E Stirling Road in Warren, NJ; this is the perm replacement Business location but is being used for storage until Cofo secured. This is in connection with the CDE Superfund Site in S. Plainfield, NJ.	DO NOT			5,562.50
				TOTAL		5,562.50

(Use continuation sheet(s) if necessary)

Payment (tax exempt) IAW PL 91-646, as amended.

## PAYMENT:

- APPROVED FOR
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

BY:

SUSAN K. LEWIS

TITLE

Environmental Program Manager, Real Estate Division

EXCHANGE RATE

= \$ 5,562.50

= \$1.00

DIFFERENCES

Amount verified; correct or

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

## ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE'S	

1 When added in foreign currency, insert name of currency.

2 If the authority to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

3 When a voucher is accepted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

PER

TITLE

Previous edition usable

## PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

N 4 7540-00-900-2234

USAPA V4.00

RECEIVED  
REAL ESTATE DIVISION  
2007 SEP 19 AM 10:50

CENAB-RE-S

DATE: 10/07

REQUEST FOR OVERNIGHT MAIL SERVICE

Franz Kostemaj

(Recipient's Name)

908-209-5556

(Phone Number)

(Company Name)

(Suite or Room Number)

262 Skyline Drive

(Street Address - no P.O. Boxes)

Millington

(City)

NJ

(State)

07946

(Zip Code)

POC for this action is Chris Milligan at x5162.



SUSAN K. LEWIS

Environmental Program Manager

Special Projects Support Branch

Real Estate Division

Delivery REQUIRED Tuesday, 2 October 07

Ref:  
Dep: REAL ESTATE

Date: 10/01/2007  
Wgt: 0.2 LBS

DV:

0.00

SHIPPING:  
SPECIAL:  
HANDLING:  
TOTAL:

4.41  
0.00  
0.00  
4.41

Svcs: PRIORITY OVERNIGHT  
TRCK: 9015 6922 4813

CENAB-RE-S

DATE: 10 Oct 07

**REQUEST FOR OVERNIGHT MAIL SERVICE**

Tom Friendly 908-647-1010  
(Recipient's Name) (Phone Number)

Vantage Development  
(Company Name) (Suite or Room Number)

223 Stirling Road  
(Street Address - no P.O. Boxes)

Warren NJ 07059  
(City) (State) (Zip Code)

POC for this action is Chris Milligan at x5162.



SUSAN K. LEWIS  
Environmental Program Manager  
Special Projects Support Branch  
Real Estate Division

Ref:  
Dep: REAL ESTATE

Date: 10/01/2007  
Wgt: 0.1 LBS  
DV: 0.00

SHIPPING:	4.41
SPECIAL:	0.00
HANDLING:	0.00
TOTAL:	4.41

Svcs: PRIORITY OVERNIGHT  
TRCK: 9015 6922 4835



CENAB-RE-S

DATE: 18 Sep 07

**REQUEST FOR OVERNIGHT MAIL SERVICE**

Franz Kostemaj

(Recipient's Name)

908-209-5556

(Phone Number)

(Company Name)

(Suite or Room Number)

262 Skyline Drive

(Street Address - no P.O. Boxes)

Millington

(City)

NJ

(State)

07946

(Zip Code)

POC for this action is Chris Milligan at x5162.

*Susan K. Lewis*

SUSAN K. LEWIS

Environmental Program Manager

Special Projects Support Branch

Real Estate Division

Delivery Required on 19 Sep 07

Ref:	Date: 09/18/2007	SHIPPING:	4.41
Dep: REAL ESTATE	Wgt: 0.3 LBS	SPECIAL:	0.00
	DV:	HANDLING:	0.00
		TOTAL:	4.41
Svcs: PRIORITY OVERNIGHT			
TRCK: 9015 6922 3313			



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

September 18, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding your discussions with Christine Milligan regarding payments for storage in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey.

As discussed, enclosed are three forms entitled "Claim for Actual and Reasonable Moving and Related Expenses" for your completion, signature, and return. These three forms provide payments for your storage expenses which total \$10,362.50. The first form provides reimbursement to you for the \$1,800 for which you have provided cancelled checks; the second form provides payment directly to Vantage in the amount of \$5,562.50; and, the third form will provide reimbursement to you in the amount of \$3,000 upon receipt of the signed form and cancelled check. Enclosed are three postage paid envelopes for your use.

If you have any questions regarding the forms or the claim process, please feel free to contact Mrs. Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215.

Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162  
LEWIS/CENAB-RE-S

DOCUMENT: Frans-Store-letter/cornell/milligan/special/share

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

**U. S. Army Corps of Engineers**

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed: 31 May 2007

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 1800.00	\$ 1800.00
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 1800.00	\$ 1800.00
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 1800.00	\$ 1800.00

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. **Your signature on this claim form constitutes certification.**

Select either **Unincorporated** or **Incorporated**:

☒ **Unincorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each **unincorporated** business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ **Incorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES ☒ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacement space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2,072.50	\$ 2,072.50
Number of Months in Storage		
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$ 0	\$ 0

Description of Property Stored (List may be attached): Note: Total storage period 1 April through 31 August 2007; monthly rental is \$2,072.50. This is the first of three payments to be issued for storage.; this payment provides \$1,800 reimbursement to Franz Cabinet based on cancelled checks received to date.

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value for Continued Use at Present Location	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (b) minus (c)	(e) Estimated Cost of Moving Old Property - Agency enter	(f) Amount Claimed (Lesser of (d) or (e))	(g) For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a) Identify Substitute Property for Which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location	(c) Proceeds From Sale or Trade-In of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (b) minus (c)		(e) For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>TOTAL (Add all entries in Parts 1 and 2)</b>					\$	\$
<b>Cost of Effort to Sell Property</b>					\$	\$
<b>Total Amount Claimed (Add lines 1 &amp; 2. Enter on Line 4 of Page 1- Computation)</b>					\$	\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

PAGE 2 of 3

EXHIBIT 6-13(a)

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

SIGNATURE OF CLAIMANT(s) &amp; DATE:

NAME &amp; TITLE (Type or Print)

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

**FRANZ CABINET CO.**  
333 HAMILTON BLVD.  
SOUTH PLAINFIELD, NJ 07080

55-2/212

DATE 9 16 07

**PAY  
TO THE  
ORDER OF**

one thousand  $\frac{75}{100}$

DOLLARS 

**FIRST UNION**

**First Union National Bank**  
firstunion.com  
Org. 075 R/T 021200025

Ficus R. Kotumaj

"00007792" 1:02 2000 251:20 1240 22086 16"

0000 100000

0312076074  
PNC 2860 TUNICHI PL PA  
05102607 PK:08 E:6744  
470073231

**VANTAGE DEVELOPMENT LLC  
FOR DEPOSIT ONLY  
8024166909**

Account	Date	Amount	Serial Number	Sequence	Status
000002012402208616	5/11/2007	\$1,000.00	0000000000007792	00000000000457313850	Posted Items

Wachovia Bank, N.A. certifies that the above image is a true and exact copy of the original item issued by the named customer, and was produced from original data stored in the archives of Wachovia Bank, N.A. or its predecessors.

Print or Save Image

Close Window | Help?

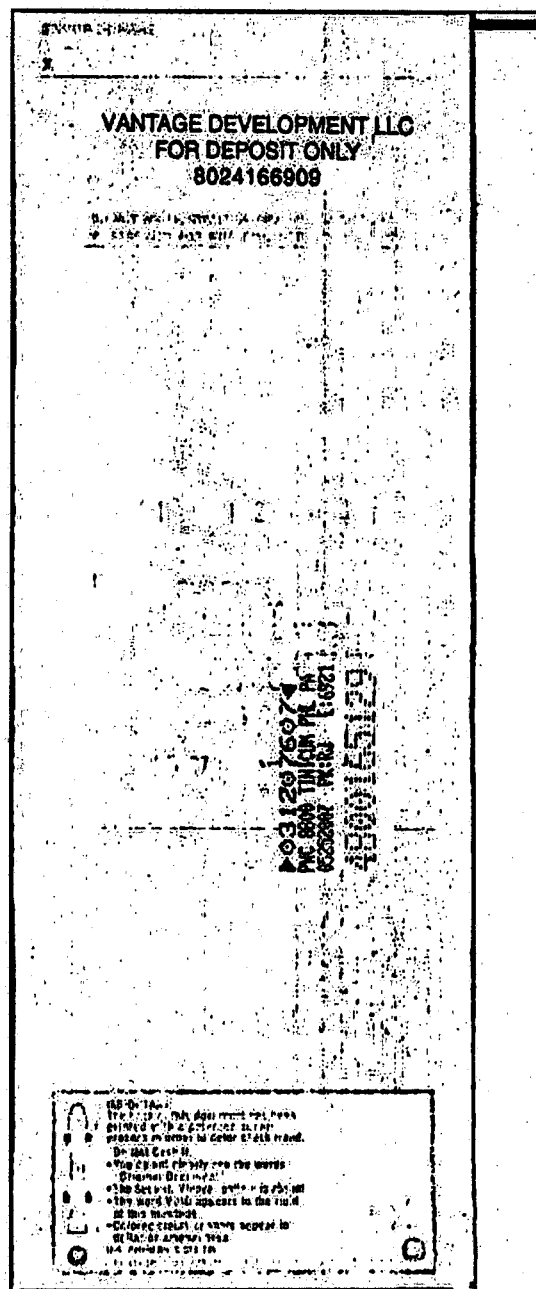
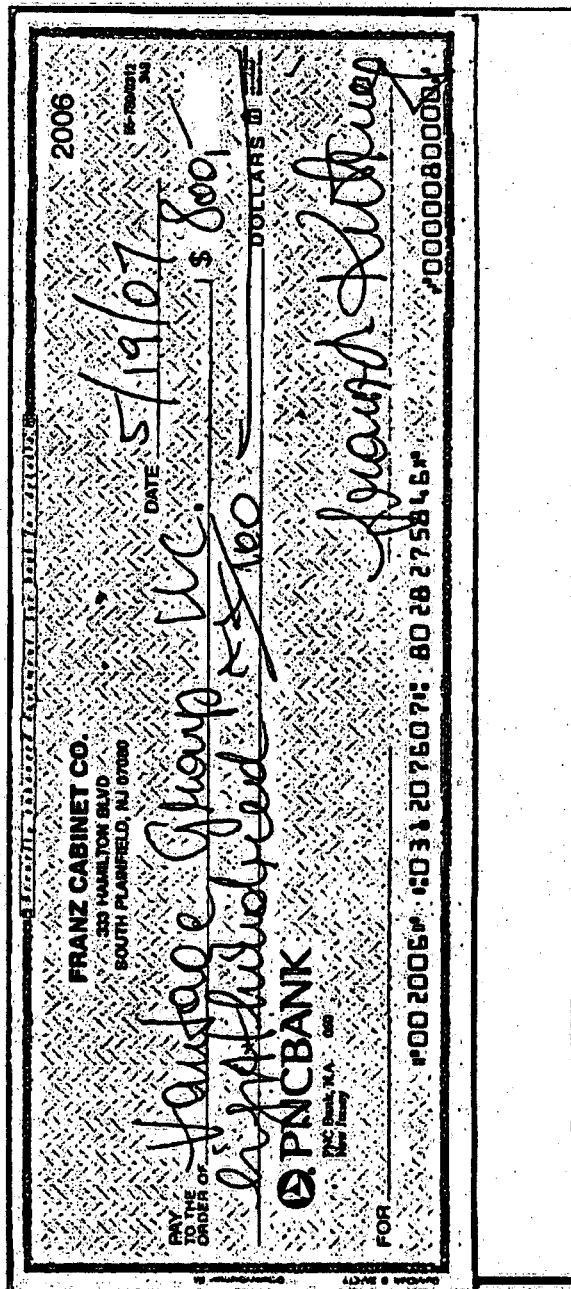
Account: 8028275846  
Check: 2006  
Date: 05/25/2007  
Amount: \$800.00  
Reference No.: 340267083

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FRANZ CABINET CO.  
333 HAMILTON BLVD  
SOUTH PLAINFIELD, NJ 07080

7787

DATE 3/23/07

55-2/212

PAY  
TO THE  
ORDER OF

Vantage Development LLC \$ 500.00  
Five hundred and no/100 DOLLARS

First Union National Bank  
firstunion.com  
Org. 075 R/T 021200025

FIRST UNION

Deposit intent to Lease 23 Sterling Rd  
Warren NJ 07059  
James R. Litterer

⑈00007787⑈

⑈021200025⑈0212402208616⑈

⑈0000050000⑈

⑈031207607⑈  
FNC 0000 TINICM PHL PA  
03272837 FX:06 E16541  
4500342792

1575 53570

VANTAGE DEVELOPMENT LLC  
FOR DEPOSIT ONLY  
8024166909

Account	Date	Amount	Serial Number	Sequence	Status
000002012402208616	3/28/2007	\$500.00	000000000007787	00000000000852284320	Posted Items

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**Claim for Actual Reasonable  
Moving and Related Expenses**  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed: 31 May 2007

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 5,562.50	\$ 5,562.50
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 5,562.50	\$ 5,562.50
(8) Amount Previously Received (if any)	\$ 1,800	\$ 1,800
(9) Amount Requested	\$ 5,562.50	\$ 5,562.50

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. **Your signature on this claim form constitutes certification.**

Select either Unincorporated or Incorporated:

[ ☒ ] Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

[ ☐ ] Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES ☒ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacement space as storage space until CofO obtained.

Should Payment Be Made Directly to Storage Company: ☒ YES ☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2,072.50	\$ 2,072.50
Number of Months in Storage		
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received -(if any)	\$ 0	\$ 0

Description of Property Stored (List may be attached): Total storage period 1 Apr through 31 Aug 2007; monthly rental is \$2,072.50. This is the 2nd of 3 payments to be issued for storage.; this payment provides \$5,562.50 directly to Vantage Development (lessor).

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)		(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)		For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>TOTAL</b> (Add all entries in Parts 1 and 2)					\$	\$
<b>Cost of Effort to Sell Property</b>					\$	\$
<b>Total Amount Claimed</b> (Add lines 1 & 2. Enter on Line 4 of Page 1- Computation)					\$	\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

PAGE 2 of 3

EXHIBIT 6-13(a)

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

SIGNATURE OF CLAIMANT(s) &amp; DATE:

NAME &amp; TITLE (Type or Print)

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

**VANTAGE DEVELOPMENT LLC**

223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Chris Milligan  
Army Corps of Engineers  
Phone: 410 962-5162  
Fax: 410 962-0866

Re: Letter dated March 23<sup>rd</sup>  
5 months @ \$2072.50

August 22, 2007

Dear Chris,

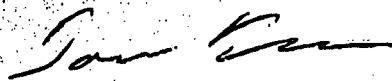
We have reviewed our files and found that Franz Kostamaj has paid us \$1500.00 so far.  
We have deferred collection of the full amount until receives the funds from you.

He owes \$8562.50 balance for the five (5) months from April 2007 to August 2007.

The formal lease commences on September 1<sup>st</sup>, 2007.

I hope this is sufficient. Please call if it is not or if you need further information.

Sincerely,



Tom Friendly

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved:	Address To Which Claimant Moved:
333 Hamilton Boulevard, South Plainfield, NJ	223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed: 31 May 2007

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 3,000.00	\$ 3,000.00
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 3,000.00	\$ 3,000.00
(8) Amount Previously Received (if any)	\$ 7,362.50	\$ 7,362.50
(9) Amount Requested	\$ 3,000.00	\$ 3,000.00

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. **Your signature on this claim form constitutes certification.**

Select either **Unincorporated** or **Incorporated**:

☒ **Unincorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each **unincorporated** business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj  
I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ **Incorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE: See letter dated 23 March 2007 from Vantage; using replacment space as storage space until CoFo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 3,000.00	\$ 3,000.00
Number of Months in Storage		
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$ 7,362.50	\$ 7,362.50

Description of Property Stored (List may be attached): Total storage period 1 Apr through 31 Aug 2007; monthly rental is \$2,072.50. This is the 3<sup>rd</sup> & final payment to be issued for storage.

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

**Payment for Actual Direct Loss of Personal Property and Substitute Personal Property:** List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)		(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)		For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
<b>TOTAL</b> (Add all entries in Parts 1 and 2)					\$	\$
<b>Cost of Effort to Sell Property</b>					\$	\$
<b>Total Amount Claimed</b> (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$	\$

**Claimant's Release of Personal Property:** I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

PAGE 2 of 3

EXHIBIT 6-13(a)

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:****NAME & TITLE (Type or Print)****TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

PAGE 3 of 3

EXHIBIT 6-13(b)

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>USAED, Baltimore, ATTN: Mary Hollobaugh</b> City Crescent Building, 7th Floor, Real Estate Division 10 South Howard Street Baltimore, MD 21201 Note: Above is street/FedEx address				DATE VOUCHER PREPARED 14 Sept. 2007		SCHEDULE NO.		
				CONTRACT NUMBER AND DATE			PAID BY	
				REQUISITION NUMBER AND DATE				
<div style="border: 1px solid black; padding: 5px;"> <b>PAYEE'S NAME AND ADDRESS</b>  <b>VANTAGE DEVELOPMENT, LLC</b>          223 Stirling Road          Warren, New Jersey 07059          Tax I.D. No. 22-3842317          Please Fed Ex to CENAB-RE (FedEx Address Above)       </div>				DATE INVOICE RECEIVED SEP 27 2007				
				DISCOUNT TERMS				
				PAYEE'S ACCOUNT NUMBER				
				GOVERNMENT B/L NUMBER				
SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)		
				COST	PER			
		Payment for storage for Franz Cabinet Company (direct to Vantage) in the amount of \$5,562.50. Total storage for April to Aug 07 is \$10,362.50 (at \$2,072.50 per month); \$1,800 payment processed to reimburse Franz Cabinet and anticipate reimbursing an additional \$3,000 to Franz Cabinet. Storage is at 223E Stirling Road in Warren, NJ; this is the perm replacement Business location but is being used for storage until Cofo secured. This is in connection with the CDE Superfund Site in S. Plainfield, NJ.				5,562.50		
(Use continuation sheet(s) if necessary) Payment (tax exempt) IAW PL 91-646, as amended.				<b>TOTAL</b>		5,562.50		
<b>PAYMENT:</b> <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$ 5,562.50 BY 2 <b>SUSAN K. LEWIS</b> TITLE Environmental Program Manager, Real Estate Division		EXCHANGE RATE = \$1.00 DIFFERENCES		Amount verified; correct for (Signature or initials)		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
(Date)		(Authorized Certifying Officer)			(Title)			
ACCOUNTING CLASSIFICATION								
CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.								
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
	CASH		DATE		PAYEE 3			
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.						PER  TITLE		



**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

DATE VOUCHER PREPARED  
14 Sept. 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT B/L NUMBER

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ CABINET COMPANY  
c/o FRANZ KOSTEMAJ  
262 Skyline Drive Please Fax Ex to CENAB-RE  
Millington, NJ 07946  
Tax ID No. 22-7376837

SHIPPED FROM

TO

WEIGHT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply number, if applicable, followed by quantity)	QUAN- TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		Reimbursement of \$3,000 paid for storage; THIS IS FINAL STORAGE PAYMENT. Total storage for April to Aug 07 is \$10,362.50 (at \$2,072.50 per month). Prior payment of \$1,800.00 to Franz Cabinet & \$5,562.50 directly to Vantage. Storage is at 223E Stirling Road in Warren, NJ; this is the permanent replacement business location but is being used for storage until Cofo secured. This is in connection with the CDE Superfund Site in S. Plainfield, NJ. Payment (tax exempt) IAW PL 91-646, as amended.				3,000.00
(Use continuation sheet(s) if necessary) PL 91-646, as amended. e below) TOTAL						3,000.00

**PAYMENT:**

- ☐ PROVISIONAL  
☒ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

APPROVED FOR

= \$ 3,000.00

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

SUSAN K. LEWIS

TITLE

Environmental Program Manager, Real Estate Division

(Signature or Initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

**ACCOUNTING CLASSIFICATION**

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

PER

TITLE

Standard Form 1034 Revised October 1987 Department of the Treasury TFM 4-2000 1034-121		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.					
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USAED, Baltimore, ATTN: Mary Hollobaugh City Crescent Building, 7th Floor, Real Estate Division 10 South Howard Street Baltimore, MD 21201 Note: Above is street/FedEx address				DATE VOUCHER PREPARED 14 Sept. 2007		SCHEDULE NO.					
				CONTRACT NUMBER AND DATE		PAID BY					
				REQUISITION NUMBER AND DATE							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>PAYEE'S NAME AND ADDRESS</b> </div> <div style="width: 60%;"> <b>FRANZ CABINET COMPANY</b>            272 Skyline Drive      c/o Franz Kostemaj            Millington, NJ 07946            Tax I.D. No.: 22-7376837            Please FedEs Check to CENAB-RE (FedEx address above)         </div> </div>				DATE INVOICE RECEIVED							
				DISCOUNT TERMS							
				PAYEE'S ACCOUNT NUMBER							
				SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY		UNIT PRICE COST      PER		AMOUNT (1)	
				Reimbursement of \$1,800 paid to date for storage. Total Storage for April to Aug 07 is \$10,362.50 (at \$2,072.50 per month) but receipts only provided to support \$1,800 payment. Storage is at 223E Stirling Road in Warren, NJ; this is the permanent Business location but is being used for storage until Cofo secured. This is in connection with the CDE Superfund Site in S. Plainfield, NJ. Payment (tax exempt) IAW PL 91-646, as amended.						1,800.00	
(Use continuation sheet(s) if necessary)				(Payee must NOT use the space below)				TOTAL		1,800.00	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR <div style="text-align: right;">= \$ 1,800.00</div> BY 2 <b>SUSAN K. LEWIS</b> TITLE Environmental Program Manager, Real Estate Division		EXCHANGE RATE <div style="text-align: right;">= \$1.00</div>		DIFFERENCES					
						Amount verified; correct for					
						(Signature or initials)					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.											
		(Date)		(Authorized Certifying Officer)						(Title)	
ACCOUNTING CLASSIFICATION											
CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.											
PAID BY		CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)			
		CASH		DATE		PAYEE 3					
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.								PER  TITLE			

MEMORANDUM FOR RECORD

SUBJECT: Claim for Storage Payment – Franz Cabinet

1. Left voice mail message for Franz Kostemaj at 908-209-5556. He submitted the following in connection with his storage claim:

a. 23 March 07 letter from Vantage Development LLC indicating they would be charging \$2,072.50 per month to use the space for storage purposes until the CofO is obtained.

b. Lease is effective 1 Sep 07. Rental begins at \$1,796.00 for the first six months; for the term beginning 1 Sep 08 and ending 31 Aug 09, rental is then \$2,073.00 per month.

c. Claim form is indicating \$2,073 per month for storage

2. VM indicated I would need more information/clarification for the above due to discrepancies.

3. Spoke to Franz Kostemaj this morning (22 Aug 07). He advised that he still does not have his CofO; the fire and safety inspection is scheduled for tomorrow. He indicated that Vantage Development is charging the \$2,073 per month for storage but he negotiated a lower rate for the first six months of the lease term (\$1,796). I asked for cancelled checks or receipts to support the \$2,073 per month payment; he indicated it would be hard to get because everything is in boxes and a mess due to the move. I asked if I could call Vantage Development directly; he concurred. Contacted Mr. Tom Friendly (at 908-507-0019) with Vantage. He indicated he would be able to provide a letter with documentation of what has been paid to date. I requested he FAX the information to me.

4. Received FAX (letter dated 22 Aug 07) from Tom Friendly. It indicates Franz Cabinet has paid \$1,500 and Vantage Development has deferred collecting the remaining \$8,562.50 until we provide funds to Franz Cabinet.

5. 23 August – Left VM for Franz advising I did receive a letter from Vantage but it did not provide the information I needed. I stated that I was under the impression from his claim form and from our discussions that he had already paid the total \$10,362.50. In order to process, I need cancelled checks for the \$1,500 and I can reimburse now; then need cancelled check for the \$8,562.50 to reimburse this amount.

MEMORANDUM FOR RECORD

SUBJECT: Claim for Storage Payment – Franz Cabinet

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**Franz Cabinet Co.  
262 Skyline drive  
Millington NJ 07946**

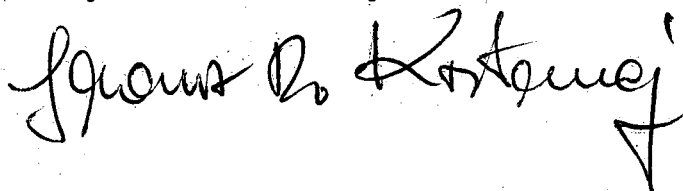
**August 24 2007**

**U.S. Army Corps of Engineers, Baltimore  
Att. Real Estate Div.  
P.O. Box 1715  
Baltimore MD 21298-9400**

**Att. Ms. Milligan**

**Enclosed please find 3 Copys of Pmts. made so far to Vantage Development LLC.  
You mentioned in your telephone message, you thought everything is paid, I have not been able  
to pay more because since april I have not been able to generate any cabinet work,  
I have no shop and it looks like the C.O. wont be ready for Sept. 1<sup>st</sup>. So I'm really in bad  
shape money wise, and I'm grateful to Adcantage Development for not pressuring me for  
money they know eventually they get paid.**

**sincerely Franz R Kostemaj**

A handwritten signature in cursive script, reading "Franz R. Kostemaj". The signature is written in dark ink and is positioned below the typed name.

[illegible]

**VANTAGE DEVELOPMENT LLC  
FOR DEPOSIT ONLY  
8024166909**

1575 5375

0312076074  
PNC 8800 TINCUM PHL PA  
00272847 PK:06 E16541  
4400342752

Account	Date	Amount	Serial Number	Sequence	Status
000002012402208616	3/28/2007	\$500.00	000000000007787	00000000000852284320	Posted Items

**Wachovia Bank, N.A. certifies that the above image is a true and exact copy of the original item issued by the named customer, and was produced from original data stored in the archives of Wachovia Bank, N.A. or its predecessors.**



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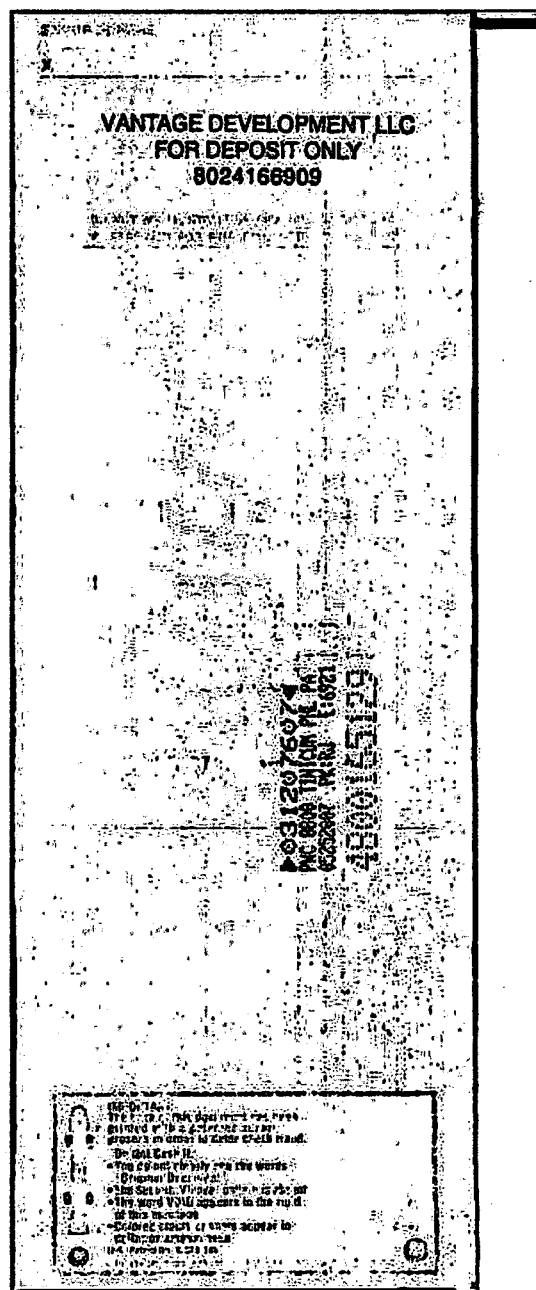
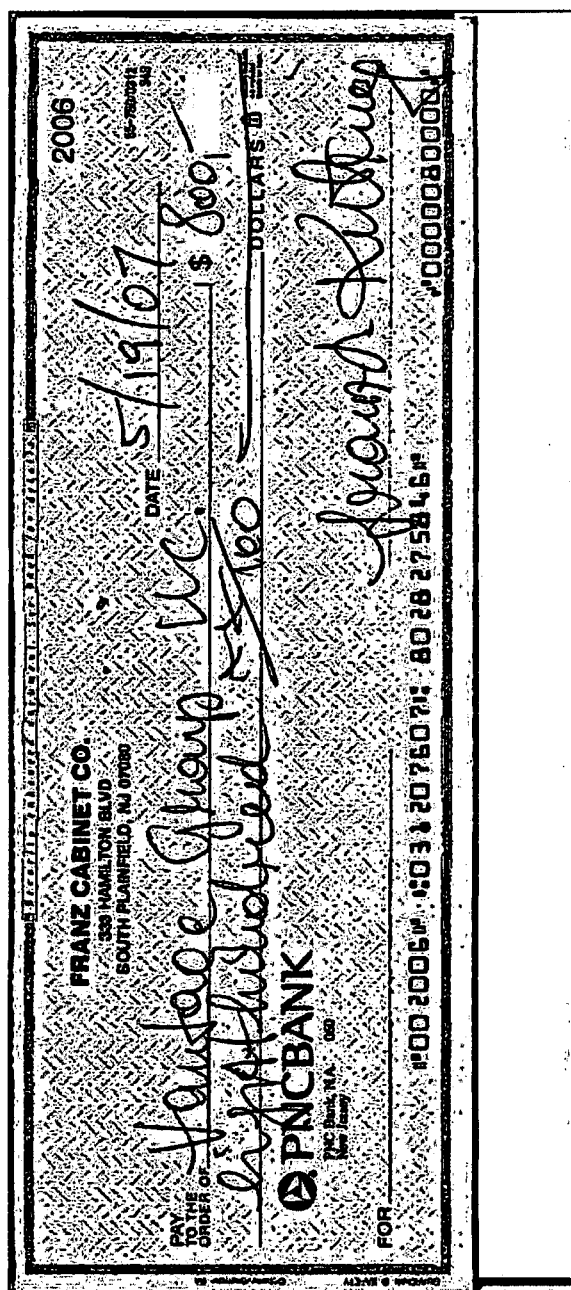
Account: 8028275846  
Check: 2006  
Date: 05/25/2007  
Amount: \$800.00  
Reference No.: 340267083

These are images of the front and back of a check, substitute check, or deposit ticket. Refer to your transaction history to verify the status of this item. For more information about image delivery click here or call 1-888-PNC-BANK (1-888-762-2265, 6 AM to midnight, seven days a week) to speak to a representative.

Back

Save Image

Print Page





**VANTAGE DEVELOPMENT LLC**

223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Chris Milligan  
Army Corps of Engineers  
Phone: 410 962-5162  
Fax: 410 962-0866

Re: Letter dated March 23<sup>rd</sup>  
5 months @ \$2072.50

August 22, 2007

Dear Chris,

We have reviewed our files and found that Franz Kostamaj has paid us \$1500.00 so far.  
We have deferred collection of the full amount until receives the funds from you.

He owes \$8562.50 balance for the five (5) months from April 2007 to August 2007.

The formal lease commences on September 1<sup>st</sup>, 2007.

I hope this is sufficient. Please call if it is not or if you need further information.

Sincerely,



Tom Friendly

Tax ID #  
22-38  
42  
317



**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

August 3, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding your claim for business relocation benefits in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. As discussed with Mrs. Milligan, the following items are enclosed for your action:

1. Enclosure 1, Claim for Actual Reasonable Moving and Related Expenses – This was the original claim form submitted for your self-move payment in the amount of \$19,220.00. This form is for your self-move payment only; the highlighted areas need to be completed and the form signed and returned to this office.
2. Enclosure 2, Claim for Actual Reasonable Moving and Related Expenses – This form will enable us to process your payment for five months of storage at 223 Stirling Road in Warren, New Jersey. Please be advised that additional storage is not authorized. Please complete all highlighted areas, sign the form where indicated, and return it to this office in the postage paid envelope. Upon receipt of the completed form, your storage check will be issued.
3. Enclosure 3, Claim for Actual Reasonable Moving and Related Expenses – This form will enable us to process your payment for insurance and search expenses. Please complete all highlighted areas, sign the form where indicated, and return it to this office in the postage paid envelope. Upon receipt of the completed form, your claim will be reviewed and processed.
4. Enclosure 4, Claim for Actual Reasonable Moving and Related Expenses – You will use this form to claim any reestablishment expenses to which you may be entitled. As discussed, proper documentation of expenses is required in order for your claim to be reviewed and processed.

Also enclosed are additional copies of the form, Claim for Actual Reasonable Moving and Related Expenses to use for any additional relocation claims you may have.

If you have any questions regarding the form or the claim process, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215. Also, once you have received the three estimates for the installation/hook-up of your equipment, it is requested that you provide them to this office.

If you have any questions regarding the above, please contact Mrs. Milligan at the numbers provided above. Your cooperation throughout this process will be greatly appreciated.

Sincerely,  
**Signed**

Susan K. Lewis  
Acting Chief, Real Estate Division

Enclosures

CF: Pete Mannino, EPA Region II

CM 8-3  
MILLIGAN/CENAB-RE-S/ CM / 5162

✓ LEWIS/CENAB-RE-S

DOCUMENT: Frans-forms/cornell/milligan/special/share



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

June 20, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding our letter of May 21, 2007 (copy enclosed) in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. We had provided you with a "Claim for Actual Reasonable Moving and Related Expenses" for completion, signature, and return. This form is required along with a signed copy of your new lease in order for us to process your storage payment/reimbursement.

To date, we have not received the completed form along with a copy of your lease. Enclosed is an additional copy of the form along with a postage paid envelope. If you have any questions regarding the form or the claim process, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215. Also, once you have received the three estimates for the installation/hook-up of your equipment, it is requested that you provide them to this office.

If you have any questions regarding the above, please contact Mrs. Milligan at the numbers provided above. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

**Sign**

Susan K. Lewis  
Acting Chief, Real Estate Division

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162

LEWIS/CENAB-RE-S

DOCUMENT: Frans-Store-Form2/cornell/milligan/special/share



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

May 21, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed for completion is a "Claim for Actual Reasonable Moving and Related Expenses" in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. This for was for your self-move payment in the amount of 19,220.00; please complete all highlighted areas and return the completed form to this office in the envelope provided.

We have also received a copy of the letter from Vantage Development LLC dated 23 March 2007 regarding the lease for your new space. Please provide us with a signed copy of your new lease in order for the storage payment to be processed and issued along with the completed claim form (enclosed). Also, once you have received the estimates for the installation/hook-up of your equipment, it is requested that you provide them to this office.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

CF: Pete Mannino, EPA Region II

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT  
USAED, Baltimore, ATTN: Mary Ho  
City Crescent Building, 7th Floor, Room  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

VOUCHER NO.

SCHEDULE NO.

PAID BY

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT B/L NUMBER

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ CABINET (C  
272 Skyline Drive  
Millington, NJ 0794  
Tax I.D. No.: 22-7  
Please FedEx Check

Chris  
Why is storage rate  
\$2073 p/m, and rent  
for 1st 6 mos. is only  
\$1796 p/m (then increase  
to \$2073)?  
Sue

SHIPPED FROM

TO

WEIGHT

NUMBER  
AND DATE  
OF ORDER

DATE OF  
DELIVERY  
OR SERVICE

ARTICLES OR SERVICES  
(Enter description, item number of contract or Federal supply  
schedule, and other information deemed necessary)

QUAN-  
TITY

UNIT PRICE  
COST PER

AMOUNT

(1)

Payment for five months of storage at  
223E Stirling Road in Warren, NJ. Space is  
permanent replacement business location but  
used for storage while awaiting CofO. This is  
for the CDE Superfund Site in S. Plainfield NJ.  
Payment (tax exempt) IAW PL91-646, as amended

10,362.50

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

10,362.50

PAYMENT:

- ☐ PROVISIONAL  
☒ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

APPROVED FOR

= \$ 10,362.50

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

SUSAN K. LEWIS

TITLE

Environmental Program Manager, Real Estate Division

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

Check not requested

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE 3

PER

TITLE

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

DATE VOUCHER PREPARED  
6 August 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

**PAYEE'S  
NAME  
AND  
ADDRESS**

FRANZ CABINET COMPANY  
272 Skyline Drive  
Millington, NJ 07946  
Tax I.D. No.: 22-7376837  
Please FedEs Check to CENAB-RE (FedEx address above)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
		Payment for five months of storage at 223E Stirling Road in Warren, NJ. Space is permanent replacement business location but used for storage while awaiting CofO. This is for the CDE Superfund Site in S. Plainfield NJ. Payment (tax extmpt) IAW PL91-646, as amended				10,362.50
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						10,362.50

PAYMENT:  
☐ PROVISIONAL  
☒ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

10,362.50

SUSAN K. LEWIS

Environmental Program Manager, Real Estate Division

DIFFERENCES

Amount verified; correct for

(Signature or initials)

## MEMORANDUM

### ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE		
	\$			

# **DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT**

PROJECT: **Cornell-Dublier Superfund Site**

Date Processed: **3 August 2007**

NAME OF APPLICANT(s):  
**Franz Cabinet Company**

MAIL CHECK TO:  
**Franz Cabinet Company  
c/o Franz Kostemaj  
272 Skyline Drive  
Millington, New Jersey 07946**

APPLICATION NUMBER

REMIS No.: )

TRACT NUMBER

The following is a determination of relocation benefits due the above applicant under Public Law 91-64

## **1. RESIDENTIAL MOVING EXPENSES**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_

## **2. NONRESIDENTIAL MOVING EXPENSES (Business ☒ ; Farm ☐ ; NonProfit ☐**

a. Fixed Payment (or)..... \$ \_\_\_\_\_  
b. Actual Reasonable Expenses..... \$ \_\_\_\_\_  
(1) Moving Expenses..... \$ \_\_\_\_\_  
(2) Storage Expenses..... \$ 10,362.50  
(3) Direct Loss..... \$ \_\_\_\_\_  
(4) Search Expenses..... \$ \_\_\_\_\_  
(5) Reestablishment Expenses..... \$ \_\_\_\_\_

**TOTAL** ..... \$ 10,362.50

## **3. REPLACEMENT HOUSING, HOMEOWNERS:**

a. Housing Differential..... \$ \_\_\_\_\_  
b. Increased Interest..... \$ \_\_\_\_\_  
c. Closing Costs..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru c, as they apply)**..... \$ \_\_\_\_\_

## **4. REPLACEMENT HOUSING, TENANTS**

a. Supplemental Rental Payment... \$ \_\_\_\_\_  
b. Down Payment..... \$ \_\_\_\_\_

**TOTAL (Sum of a or b, as applied)**..... \$ \_\_\_\_\_

## **5. INCIDENTAL EXPENSES:**

a. Recording Fee..... \$ \_\_\_\_\_  
b. Transfer Taxes..... \$ \_\_\_\_\_  
c. Prepayment Costs..... \$ \_\_\_\_\_  
d. Prorated Real Estate Taxes..... \$ \_\_\_\_\_

**TOTAL (Sum of a thru d, as they apply)**..... \$ 10,362.50

**6. Sum approved for immediate payment**..... \$ 10,362.50

## **REMARKS:**

Date:

8/6/07

NAME AND TITLE of APPROVING OFFICIAL:

SUSAN K. LEWIS  
Environmental Program Manager

SIGNATURE

*Susan K. Lewis*

*Return to  
Chris*

**Sign Here**



Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed:

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation).  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$ 19,220.00	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$ 19,220.00	\$ 19,220.00
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 19,220.00	\$ 19,220.00

Certification of Eligibility for Relocation Payments and Services: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj  
I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

Encl 1

## Supporting Data for Storage Cost:

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES ☐ NO

DATE MOVED TO STORAGE: \_\_\_\_\_ DATE MOVED FROM STORAGE: \_\_\_\_\_

NAME &amp; ADDRESS OF STORAGE COMPANY: \_\_\_\_\_

Should Payment Be Made Directly to Storage Company: ☐ YES ☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value for Continued Use at Present Location	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (b) minus (c)	(e) Estimated Cost of Moving Old Property - Agency enter	(f) Amount Claimed (Lesser of (d) or (e))	(g) For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a) Identify Substitute Property for Which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location	(c) Proceeds From Sale or Trade-In of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (b) minus (c)		(e) For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$	\$
Cost of Effort to Sell Property					\$	\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$	\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Determination of Reestablishment Expenses: (attach separate sheets, as needed)**

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:**

**NAME & TITLE (Type or Print)**

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$19,220.00		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER
---	--	--------------------------

PROSPECTIVE APPLICANT(S)	ANY OTHERS APPLICABLE		
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)	NAME	RELATIONSHIP	SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only
-----------	---

DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
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ELIGIBILITY:

☐ 180-DAY OWNER/OCC   
 ☐ 90-DAY OWNER/OCC   
 ☐ 90-DAY TENANT   
 ☒ BUSINESS/FARM/NON-PROFIT  
☐ MH/LAND OWNER   
 ☐ MH OWNER/LAND TENANT   
 ☐ NON-OCCUPANT OWNER   
 ☐ OTHER

INTEREST HELD BY APPLICANT:

☐ OWNER   
 ☒ TENANT (AMOUNT OF RENT PAID: \$ )   
 DATE OCCUPANCY AGMT SIGNED:

INTEREST ACQUIRED BY GOVERNMENT:   
 ☐ FEE   
 ☐ EASEMENT   
 ☐ LEASE

SALVAGE RETAINED:   
 ☐ YES   
 ☐ NO   
 IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:

APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
-----------------------	----------------------------	-------------------	--------------------------	---

APPLICANT RESIDES ON PROPERTY:  
☐ YES   
 ☒ NO   
 IF NO, EXPLAIN: business tenant

DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM
-------------------	------	---

BUSINESS/FARM/NPO COMMENCED	
-----------------------------	--

STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) -  DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS)	BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES
---	--	--

DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.	REMIS WORK ITEM NUMBER:
---------------------------------------	--	-------------------------

I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE: _____ _____ _____ _____	DATE: _____ _____ _____ _____
---	---	---

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: 223E Stirling Road, Warren, New Jersey 07059			
Date Replacement Site Obtained: 1 April 07 for storage only; 1 September 07 for business use.			
Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.			
Date DSS Inspection Performed on Replacement Site: n/a Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: 19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS:			
Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:			
IAW \$24.301, 49 CFR, self-move payment			
FUTURE APPLICATIONS: Anticipated for re-establishment and moving & related expenses.			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
		TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
1 Feb 2007	Christine Milligan Realty Specialist		

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

USAED, Balto CENAB-RE

Cornell (CSE)

N/A

AGENCY NAME

PROJECT NAME

TRACT NUMBER

NAME UNDER WHICH  
CLAIMANT CONDUCTS OPERATIONS:

NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING  
CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved:

333 Hamilton Blvd, S. Plainfield NJ

Address To Which Claimant Moved:

Date First Occupied Property:

Date Move Started:

Date Move Completed:

TYPE OF OPERATION: ☒ Business

☐ Nonprofit Organization

☐ Farm Operation

TYPE OF OWNERSHIP: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization

IS THIS A FINAL CLAIM? ☐ YES

☒ NO (If "No", attach an explanation) initial move payment on

DOES CLAIMANT INTEND TO REESTABLISH?

☒ YES

☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Protein America)	\$	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$ 0
(9) Amount Requested	\$	\$ 19,220.00

Does not include electrical connections/hook-ups.  
Certification of Eligibility for Relocation Payments and Services: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_  
occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, FRANZ R. KOSTENAY, as PROPRIETOR of the business, farm,  
or nonprofit organization, hereby certify that all individuals are either United States citizens or  
nationals, or are aliens lawfully present in the United States: FRANZ R. KOSTENAY 3/27/07  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with  
an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_  
occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United  
States.

Signature and Date

Title

## Supporting Data for Storage Cost:

IS THIS A FINAL CLAIM FOR STORAGE? [ ] YES

[X] NO

DATE MOVED FROM STORAGE:

DATE MOVED FROM STORAGE:

NAME &amp; ADDRESS OF STORAGE COMPANY:

Should Payment Be Made Directly to Storage Company: [ ] YES

[ ] NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	2072.50	\$
Number of Months in Storage	4	
Total Storage Costs	8290.00	\$
Amount Previously Received (if any)	0	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit fee or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Providing utilities from the right-of-way to improvements on replacement site.
12. Purchase of substitute personal property.
13. Feasibility surveys, soil testing and marketing studies.
14. Impact fees or one-time assessments for anticipated heavy utility usage.
15. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
5. Advertisement of replacement location.
6. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

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**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:** Franz R. Kostemaj 3/27/07 **NAME & TITLE (Type or Print)** FRANZ R. KOSTEMAJ OWNER

TO BE COMPLETED BY AGENCY:		Signature	Name (Type or Print)	Date
Payment Action	Amount of Payment			
Recommended	\$			
Approved	\$			



**Claim for Actual Reasonable**

**U. S. Army Corps of Engineers**

**Moving and Related Expenses**

**Businesses, Nonprofit Organizations  
and Farm Operations**

See Page 3 for Privacy Act Statement  
before completing this form

<b>AGENCY NAME</b>	<b>PROJECT NAME</b>	<b>TRACT NUMBER</b>
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

<b>NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:</b>	<b>NAME, ADDRESS &amp; TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:</b>
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

<b>Address From Which Claimant Moved:</b> 333 Hamilton Boulevard, South Plainfield, NJ	<b>Address To Which Claimant Moved:</b> 223E Stirling Road, Warren, NJ
<b>Date First Occupied Property:</b>	<b>Date Move Started:</b> March 2007
	<b>Date Move Completed:</b>

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$ 10,362.50	\$ 10,362.50
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 10,362.50	\$ 10,362.50

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either **Unincorporated** or **Incorporated**:

☒ **Unincorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ **Incorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

Encl 2

## Supporting Data for Storage Cost:

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO  
 DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007  
 NAME & ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE:  
See letter dated 23 March 2007 from Vantage; using replacement space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2,072.50	\$ 2,072.50
Number of Months in Storage	5	5
Total Storage Costs	\$ 10,362.50	\$ 10,362.50
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate ( \$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)		(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)		For Agency Use Only
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$	\$
Cost of Effort to Sell Property					\$	\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$	\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

<b>SIGNATURE OF CLAIMANT(s) &amp; DATE:</b>		<b>NAME &amp; TITLE (Type or Print)</b>		
<b>TO BE COMPLETED BY AGENCY:</b>				
<b>Payment Action</b>	<b>Amount of Payment</b>	<b>Signature</b>	<b>Name (Type or Print)</b>	<b>Date</b>
Recommended	\$10,362.50		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY: <input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT: <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG. APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) -  DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:			DATE:

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: 223E Stirling Road, Warren, New Jersey 07059			
Date Replacement Site Obtained: 1 April 07 for storage only; 1 September 07 for business use.			
Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.			
Date DSS Inspection Performed on Replacement Site: n/a Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: 19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS:			
Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:			
IAW \$24.301(g) (4), 49 CFR, storage costs for five months.			
FUTURE APPLICATIONS: Anticipated for re-establishment and related expenses.			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Letter dated 23 March 07 from Vantage Development LLC regarding use of space for storage purposes while CofO is obtained.		Self-move payment	
Lease dated 13 July 2007 with Vantage Development LLC.		TOTAL PAID: \$19,220.00	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
1 Feb 2007	Christine Milligan Realty Specialist		

**VANTAGE DEVELOPMENT LLC**

223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Franz Cabinet Co.  
333 Hamilton Blvd.  
S. Plainfield, NJ 07080  
908 209-5556

Re: Storage until C.O. issued

March 23, 2007

We estimate having a C.O. for your space in four (4) months.

Until then, you may use the space for storage at the rate of \$2,072.50/month starting April 1, 2007 (3,316 sq.ft. x \$7.50/ft. = \$24,870.00/yr. divided by 12 = \$2,072.50/month)

We will waive the CAM during this period until C.O. is approved.



Tom Friendly  
908 507-0019

Received check # 7787 for \$500.00 as a deposit for Intent to Lease

Claim for Actual Reasonable

U. S. Army Corps of Engineers

Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

See Page 3 for Privacy Act Statement  
before completing this form

USAED, Balto CENAB-RE

Cornell (CSE)

N/A

AGENCY NAME

PROJECT NAME

TRACT NUMBER

NAME UNDER WHICH

NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING

CLAIMANT CONDUCTS OPERATIONS:

CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved:

Address To Which Claimant Moved:

333 Hamilton Blvd, S. Plainfield NJ

Date First Occupied Property:

Date Move Started:

Date Move Completed:

TYPE OF OPERATION: ☒ Business

☐ Nonprofit Organization

☐ Farm Operation

TYPE OF OWNERSHIP: ☐ Sole Proprietorship

☐ Corporation ☐ Partnership

☐ Nonprofit Organization

IS THIS A FINAL CLAIM? ☐ YES

☒ NO (If "No", attach an explanation) initial move payment on

DOES CLAIMANT INTEND TO REESTABLISH?

☒ YES

☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Prime America)	\$	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$ 0
(9) Amount Requested	\$	\$ 19,220.00

Does not include electrical connections/hook-ups

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, FRANZ R. KOSTEMAN, as PROPRIETOR of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: FRANZ R. KOSTEMAN 3/27/07  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

## Supporting Data for Storage

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES☒ NO

DATE MOVED FROM STORAGE:

DATE MOVED FROM STORAGE:

NAME &amp; ADDRESS OF STORAGE COMPANY:

Should Payment Be Made Directly to Storage Company: ☐ YES☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	2072.50	\$
Number of Months in Storage	4	
Total Storage Costs	8290.00	\$
Amount Previously Received (if any)	0	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.



**Determination of Reestablishment Expenses (attach separate sheets as needed)**

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit fee or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Providing utilities from the right-of-way to improvements on replacement site.
12. Purchase of substitute personal property.
13. Feasibility surveys, soil testing and marketing studies.
14. Impact fees or one-time assessments for anticipated heavy utility usage.
15. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
5. Advertisement of replacement location.
6. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

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**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:**

**NAME & TITLE (Type or Print)**

*Franz R. Kostemaj* 3/27/07 **FRANZ R. KOSTEMAJ** OWNER

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$			
Approved	\$			

**Claim for Actual Reasonable**

**U. S. Army Corps of Engineers**

**Moving and Related Expenses**

Businesses, Nonprofit Organizations  
and Farm Operations

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed:

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☒ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj  
 I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

Erel 3

## Supporting Data for Storage Cost:

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME &amp; ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE:

See letter dated 23 March 2007 from Vantage; using replacement space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time=# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
  2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
  3. Construction or installation of exterior signs to advertise the business.
  4. Providing utilities from the right-of-way to improvements on replacement site.
  5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
  6. Licenses, fees and permits when not paid as part of moving expenses.
  7. Feasibility surveys, soil testing and marketing studies.
  8. Advertisement of replacement location.
  9. Professional services in connection with purchase or lease of a replacement site.
  10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
  11. Impact fees or one-time assessments for anticipated heavy utility usage.
- Ineligible Expenses:**
1. Loss of good will.
  2. Loss of profits.
  3. Loss of trained employees.
  4. Personal injury.
  5. Interest on money borrowed to make the move or purchase the replacement property.
  6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
  7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
  8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

SIGNATURE OF CLAIMANT(s) &amp; DATE:

NAME &amp; TITLE (Type or Print)

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY:				
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT:				
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:			DATE:

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES			
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
<p>Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:</p> <p>Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)</p> <p>Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u></p> <p>Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>  <u>Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.</u></p> <p>Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$</p> <p>Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.</p> <p>Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u></p> <p>Recommendations as to each item in the application and factual information to support the recommendations are attached.</p> <p>RECOMMENDATIONS:  Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW \$24.301, 49 CFR, insurance costs and search expenses.</p> <p>FUTURE APPLICATIONS: Anticipated for re-establishment expenses.</p>			
ATTACHMENTS: Detailed information on search (i.e., locations explored, hours spent, mileage, tolls, etc.)  Receipt for insurance premium.		PREVIOUS PAYMENTS & AMOUNT:  Self-move payment (\$19,220) & storage payment (\$10,362.50)  TOTAL PAID: \$29,582.50	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	NAME AND TITLE Christine Milligan Realty Specialist	SIGNATURE OF RELOCATION ADVISOR:	

**Claim for Actual Reasonable**

**U. S. Army Corps of Engineers**

**Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER
USAED, Baltimore, CENAB-RE-S	Cornell-Dublier Electronics Superfund Site	

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:
Franz Cabinet Company	Franz Kostemaj, 262 Skyline Dr, Millington, NJ 07946

Address From Which Claimant Moved: 333 Hamilton Boulevard, South Plainfield, NJ	Address To Which Claimant Moved: 223E Stirling Road, Warren, NJ
Date First Occupied Property:	Date Move Started: March 2007
	Date Move Completed:

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
 TYPE OF OWNERSHIP: ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
 IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation)  
 DOES CLAIMANT INTEND TO REESTABLISHMENT? ☒ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either **Unincorporated** or **Incorporated**:

☒ **Unincorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as Franz Cabinet Company occupies the property at 333 Hamilton Boulevard (move to 223E Stirling Road, Warren, NJ).

For each unincorporated business, farm, or nonprofit organization, list each owner:

Franz R. Kostemaj

I, Franz R. Kostemaj, as proprietor of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States:

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ **Incorporated Businesses, Farms, or Nonprofit Organizations:**

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

Encl 4

## Supporting Data for Storage Cost:

IS THIS A FINAL CLAIM FOR STORAGE? ☒ YES ☐ NO

DATE MOVED TO STORAGE: 1 April 07 DATE MOVED FROM STORAGE: 31 August 2007

NAME &amp; ADDRESS OF STORAGE COMPANY: Vantage Development LLC, 223 Stirling Road, Warren, New Jersey 07059 NOTE:

See letter dated 23 March 2007 from Vantage; using replacement space as storage space until Cofo obtained.

Should Payment Be Made Directly to Storage Company: ☐ YES ☒ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs	\$	\$
Amount Previously Received (if any)	\$	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts/	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date



**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

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**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

SIGNATURE OF CLAIMANT(s) &amp; DATE:

NAME &amp; TITLE (Type or Print)

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$		Christine Milligan	
Approved	\$			

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)	NAME	RELATIONSHIP SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: N/A - tenant relocation only			
DATE NEGOTIATIONS INITIATED na	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY: <input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT: <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED	BUSINESS PLANS TO RE-ESTABLISH: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:			DATE:

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES			
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART-IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: <u>223E Stirling Road, Warren, New Jersey 07059</u>			
Date Replacement Site Obtained: <u>1 April 07 for storage only; 1 September 07 for business use.</u>			
<u>Amount Paid to Purchase Replacement Site: \$ Amount of LEASE for first six months is \$10,777; for second six months is \$12,435, then annual rental for the second year of the lease is \$24,870.</u>			
Date DSS Inspection Performed on Replacement Site: <u>n/a</u> Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: <u>19 October 2006 (90-day notice) and subsequent 30 day notice provided by EPA indicated date property to be vacated is NLT 31 May 2007.</u>			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS: Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW §24.301, 49 CFR, reestablishment expenses.			
FUTURE APPLICATIONS: Equipment hook-ups (electrical)			
ATTACHMENTS:  Receipts for all reestablishment expenses claimed.		PREVIOUS PAYMENTS & AMOUNT:  Self-move, storage, search & insurance  TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE Christine Milligan Realty Specialist	SIGNATURE OF RELOCATION ADVISOR:	

Franz Cabinet Co.  
262 Skyline Drive  
Millington NJ 07946

July 14 2007

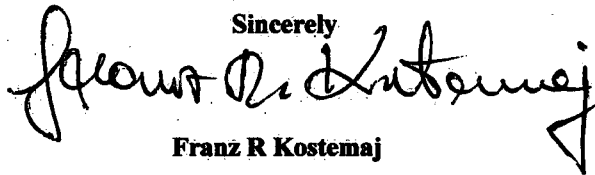
Department of the Army  
Baltimore District, U.S. Army Corps of Engineers  
P.O.Box 1715  
Baltimore, MD 21203-1715

Dear Ms. Milligan

Enclosed please find Copys of the Lease between Vantage Development and Franz Cabinet Co.,  
Also some Items I'am requesting Payment for.

1. Storage Fee for 5 Months April/May/June/July/August @ 2072.50 totaling	10,362.50
2. Additional Insurance Premium for full Coverage of Machines and Materials during move	750.00
3. Searching for new Space 62 Hrs. @ 85.00 total	5270.00
4. Reestablishing Expenses	10,000.00
	26,382.50

Sincerely



Franz R Kostemaj

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps Engineers

See Page 3 for Privacy Act Statement  
before completing this form

USAED, Balto CENAB-RE      Cornell (CSE)      N/A  
AGENCY NAME      PROJECT NAME      TRACT NUMBER

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:      NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved: 333 Hamilton Blvd, S. Plainfield NJ	Address To Which Claimant Moved:.
Date First Occupied Property:	Date Move Started:
	Date Move Completed:

TYPE OF OPERATION: ☒ Business      ☐ Nonprofit Organization      ☐ Farm Operation  
TYPE OF OWNERSHIP: ☐ Sole Proprietorship      ☐ Corporation      ☐ Partnership      ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES      ☒ NO (If "No", attach an explanation) initial move payment on  
DOES CLAIMANT INTEND TO REESTABLISH? ☒ YES      ☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Prudis America)	\$ 19,220.00	\$ 19,220.00
(2) Storage Costs 5 MONTHS @ 2072.50	\$ 10,362.50	\$
(3) Reasonable Search Expenses	\$ 8,270.00	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$ 10,000.00	\$
(5) Reestablishment Expenses	\$ 5270.00	\$
(6) Other (attach explanation) EXTRA INSURANCE	\$ 750.00	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$ 0
(9) Amount Requested	\$ 26,382.50	\$ 19,220.00

Does not include electrical connections/hook-ups

Certification of Eligibility for Relocation Payments and Services: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, FRANZ R. KOSTEMAJ, as PROPRIETOR of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: Francis R. Kostemaj 3/27/07

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Signature

## Supporting Data for Storage Claim:

IS THIS A FINAL CLAIM FOR STORAGE? [ ] YES

[X] NO

DATE MOVED TO STORAGE:

DATE MOVED FROM STORAGE:

NAME &amp; ADDRESS OF STORAGE COMPANY:

Should Payment Be Made Directly to Storage Company: [ ] YES

[ ] NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2072.50	\$
Number of Months in Storage	5	\$
Total Storage Costs	\$ 10,362.50	\$
Amount Previously Received (if any)	\$ 0	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours 62 x hrly earnings rate (\$8.00) =	\$ 5270.00	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value for Continued Use at Present Location	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (b) minus (c)	(e) Estimated Cost of Moving Old Property - Agency enter	(f) Amount Claimed (Lesser of (d) or (e))	(g) For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a) Identify Substitute Property for Which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location	(c) Proceeds From Sale or Trade-In of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (b) minus (c)	(e) For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature

Date

**LEASE AGREEMENT BY AND BETWEEN**

**VANTAGE DEVELOPMENT, L.L.C.  
LANDLORD**

**AND**

**Franz Cabinet Company**

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THIS LEASE AGREEMENT is made on this 10 day of July, 2007, by and between VANTAGE DEVELOPMENT, L.L.C., a New Jersey Limited Liability Company established under the laws of the State of New Jersey located at 223 Stirling Road, Warren, New Jersey 07059 (hereinafter the "Landlord") and Franz Kostemaj and Franz Cabinet Comapny, a New Jersey Corporation, whose address is 262 Skyline Drive, Millington, NJ 07946 (hereinafter the "Tenant").

WITNESSETH: That the said Landlord has let unto the said Tenant and the said Tenant has hired from the said Landlord, the following described premises: That portion of the premises known as 223E Stirling Road, Warren, New Jersey, as depicted and described on Schedule A attached hereto and made a part hereof (the "Premises") being also known and described as Lot 9 in Block 160 on the official Tax Map of the Township of Warren, Somerset County, New Jersey, consisting of 3,316 square feet more or less. Said Premises are subject to such state of facts as an accurate survey would disclose, easements, rights of way, and restrictions of record.

The Premises does not include, and shall not be construed as including any portion of the attic area above the Premises, which area is expressly retained by Landlord. Tenant agrees that Tenant shall permit Landlord to access such attic area, which access shall be conducted only during normal business hours and in a manner so as to limit any disturbance to the Tenant's business.

1st: The term of this Lease shall be Two (2) years commencing on the 1<sup>st</sup> day of September, 2007 and to end on the 31<sup>st</sup> day of August, 2009.

2nd: The Tenant shall pay the annual fixed rent in accordance with the provisions of Paragraph 66th, to be paid to the Landlord at 223 Stirling Road, Warren, New Jersey 07059, or at such other place as the Landlord shall designate. The annual fixed rent shall be paid in equal monthly installments on the first day of each month, in advance. In addition, Tenant shall pay as additional rent, all other sums of money on Tenant's part to be paid pursuant to this Lease Agreement.

3rd: (a) Tenant shall use and occupy the Premises solely for Cabinet Fabrication, Resale and Installation and associated

the Premises; and any advance rent paid by Tenant shall be returned by Landlord. If neither party exercises the option to terminate the lease, then the lease shall remain in force and the rent shall not abate, but Landlord shall, if necessary, restore the remaining portion of the lands affected by the taking, at Landlord's expense.

(f) If less than 25% of the land of the Premises (not including the land under the building on the Premises) is acquired or condemned by eminent domain for public or quasi-public use or purpose, then the lease shall remain in full force and the rent shall not abate, but Landlord shall, if necessary, restore the remaining portion of the lands affected by the taking at landlord's own expense.

65th: Landlord and Tenant hereby represent to each other that the no real estate broker was instrumental in effecting this lease. Landlord and Tenant shall indemnify and hold the other harmless from any and all claims for commissions or other fees due to any other individual or entity as a result of this Lease Agreement, including all costs of defense of such claim.

66th: Tenant shall pay to Landlord the annual fixed rent as follows:

(a) Tenant shall pay Landlord annually for the term commencing September 1, 2007 and ending February 29, 2008, the semi-annual fixed rent of Ten thousand Seven Hundred and Seventy-Seven (\$10,777) Dollars, payable in six (6) equal consecutive monthly installments of Seventeen hundred and Ninety-Six (~~\$1796.00~~) Dollars, for the term commencing March 1, 2008 and ending August 31, 2008 (\$12,435) Dollars, payable in six (6) equal consecutive monthly installments of Two Thousand and Seventy-Three (\$2,073) Dollars and for the term commencing September 1, 2008 and ending August 31, 2009, the annual fixed rent of Twenty-Four Thousand Eight Hundred and Seventy (\$24,870) Dollars, payable in twelve (12) equal consecutive monthly installments of Two Thousand and Seventy-Three (\$2,073.00) Dollars on the first day of each month, in advance, provided that the first such monthly rent shall be payable on execution of this Lease.

(b) For the second and following lease years the annual fixed rent shall be the greater of (1) the rent paid by Tenant to Landlord during the immediately preceding year of the

lease multiplied by 1.025 or (2) the rent paid by Tenant to Landlord during the immediately preceding year of the lease plus that sum equal to the rent paid by Tenant to Landlord during the immediately preceding year of the lease multiplied by the percentage by which the United States Consumer Price Index for all Urban Consumers (CPI-U, popularly known as the cost of Living Index), issued by the Bureau of Labor Statistics or its successor, has increased closest to the first day of the new Lease Year, over the Index issued closest to the first day of the immediately preceding Lease Year, PROVIDED, HOWEVER, that for the lease year commencing on September 1, 2008, the calculation under this subparagraph (b)(2) shall be calculated with reference to the increase in the CPI-U issued on August 1, 2008 over the CPI-U issued on August 1, 2007; the greater of which annual fixed rent shall be payable in twelve (12) equal consecutive monthly installments on the first day of each month in advance.

67th: Tenant shall indemnify and hold Landlord harmless from any and all liability for any loss occurring on the Premises through theft.

68th: (a) Tenant shall store and dispose of all trash and garbage in suitable containers. Tenant shall not burn any paper, trash or garbage in or about the Premises. Tenant shall arrange for and pay all costs of trash removal.

(b) The Tenant shall keep the Premises in a clean and sanitary condition, free from vermin and escaping offensive odors.

(c) Tenant shall not use or permit others to use any plumbing facilities in the Premises for any purpose other than that for which they were constructed or to dispose of any damaging or injurious substance or any grease, oil or garbage therein.

(d) Tenant shall not place a load upon any floor of the Premises exceeding the floor load per square foot area which it was designed to carry and which is allowed by law. Landlord reserves the right to prescribe the weight and position of all safes, business machines and mechanical equipment. Such installations shall be placed and maintained by Tenant, at Tenant's expense, in settings sufficient, in Landlord's judgment, to absorb and prevent vibration, noises and annoyance.

upon the same terms, conditions and covenants contained in this lease, with the exception that the annual fixed rental for the first such year of the renewal term shall be the greater of (i) \$26,528 (or \$8.00 multiplied times the number of square feet of office area); or (ii) the annual fixed rental which would have been paid by Tenant using the calculation in Section 66th(b); thereafter the annual fixed rent shall be calculated in accordance with the provisions of Paragraph 66<sup>th</sup> (b);

(b) In order to exercise this option, Tenant must give Landlord notice of the exercise of the option on or before **February 28, 2009** which notice must be in writing, or this option shall be void. Tenant acknowledges that the Premises is owned by Landlord as a real estate investment and that failure by Tenant to timely exercise the option and/or to exercise the option in the manner set forth herein, as a result of accident, surprise, neglect or mistake, or for any other reason whatsoever, shall not in any way entitle Tenant to exercise the option after the specified time, or in any other manner than as set forth herein.

(c) Landlord shall, at Tenant's expense shall provide contractors if available, if and when requested by the Tenant. **Items requested by Tenant of Landlord's contractors for special features or adaptations beyond what is agreed upon by Landlord, in writing, will be at the Tenant's expense.**

IN WITNESS WHEREOF, the parties hereto have set their hands and seals, or have caused these presents to be signed by their proper corporate officers and caused their proper corporate seal to be affixed the day and year first above written.

WITNESS OR ATTEST:

Company

Jeanne E. Rago  
Jeanne E. Rago

**VANTAGE DEVELOPMENT, LLC, a**  
New Jersey Limited Liability

By Stephen Heintz  
LANDLORD

**Franz Cabinet Company**

Jeanne E. Rago  
Jeanne E. Rago

By Franz R. Kostemaj  
- 33 - **FRANZ R. KOSTEMAJ**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY  
NEW YORK, NY 10007-1866

MAR 16 2007

Mr. Franz Kostemaj  
c/o Franz Cabinet Company  
262 Skyline Drive  
Millington, New Jersey 07946

SUBJECT: Cornell-Dubilier Electronics Superfund Site  
Operable Unit 2  
a.k.a. Hamilton Industrial Park  
333 Hamilton Boulevard  
South Plainfield, New Jersey

Dear Mr. Kostemaj:

As you are aware, the U. S. Environmental Protection Agency (EPA) is implementing the building demolition component of Operable Unit 2 at the Cornell-Dubilier Electronics (CDE) Superfund Site. On December 14, 2006, EPA informed you that you that your company would be required to vacate the property and that you would be given a written notice specifying the date that EPA will require possession of the property you occupy, at least 30 days before the date that the property must be vacated.

Accordingly, you are hereby notified to vacate the property on or before May 31, 2007. Please be assured that the U.S. Army Corps of Engineers (USACE), acting on behalf of EPA, will continue to offer all appropriate relocation assistance.

If you have any questions regarding this matter, please feel free to contact me at 212-637-4395. Questions regarding the relocation process can be directed to your USACE relocation specialist, Chris Milligan, at 410-962-5162.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Mannino", is written over a horizontal line.

Peter Mannino, Remedial Project Manager  
Central New Jersey Remediation Section



**United States Environmental Protection Agency  
Region 2  
Emergency & Remedial Response Division  
New Jersey Remediation Branch  
290 Broadway  
New York, NY 10007-1866**

\*\*\*\*\*  
Facsimile Transmittal Sheet  
\*\*\*\*\*

To: Chris Milligan

Office/Unit: USACE

Phone:

Fax: 410-~~285-501~~ 962-0866

---

From: P. Manning

Office:

Phone:

Fax: (212) 637-4429

Date:

Total # of pages including cover sheet: 2

---

Message:

**Milligan, Chris NAB02**

---

**From:** Mannino.Pietro@epamail.epa.gov  
**Sent:** Friday, August 03, 2007 10:05 AM  
**To:** Milligan, Chris NAB02  
**Cc:** Hawkins, Gloria S NAB02  
**Subject:** Re: Franz Cabinet

Chris;

I just faxed you another copy. The date on the letter is March 16, 2007. It may not show up in the fax because it is light and faded. If when you get the fax, you can not make out the date, let me know and I will mail you a hard copy.

Also, I am waiting to hear back from the property owner regarding the court papers on Spring Coil.

"Milligan, Chris  
NAB02"

<Chris.Milligan@  
usace.army.mil>

08/03/2007 08:15  
AM

To  
Pietro Mannino/R2/USEPA/US@EPA  
cc  
"Hawkins, Gloria S NAB02"  
<Gloria.S.Hawkins@usace.army.mil>  
Subject  
Franz Cabinet

Pete -- I am preparing a claim package for Franz and just realized that the copy of their 30-day notice that we have is not dated or date can not be read (letter indicated they needed to vacate on or before 31 May 07).

Can you FAX a dated copy of this letter? Thanks!!!

Christine Milligan, PMP  
Realty Specialist  
(410) 962-5162  
(410) 962-0866 (FAX)  
(410) 385-5516 (E-FAX)  
(410) 591-2247 (cell)



CENAB-RE-S

DATE: 3 Aug 2007

**REQUEST FOR OVERNIGHT MAIL SERVICE**

Franz Kostemaj		
(Recipient's Name)		(Phone Number)
(Company Name)		(Suite or Room Number)
262 Skyline Drive		
(Street Address - no P.O. Boxes)		
Millington	NJ	07946
(City)	(State)	(Zip Code)

POC for this action is Chris Milligan at x5162.



SUSAN K. LEWIS  
Environmental Program Manager  
Special Projects Support Branch  
Real Estate Division

Ref:	Date: 08/08/2007	SHIPPING:	4.48
Dep: REAL ESTATE	Wgt: 0.6 LBS	SPECIAL:	0.00
	DV:	HANDLING:	0.00
		TOTAL:	4.48
0.00			
Svc: PRIORITY OVERNIGHT			
TRCK: 9015 6921 9230			

**Milligan, Chris NAB02**

---

**From:** Milligan, Chris NAB02  
**Sent:** Thursday, June 14, 2007 7:19 AM  
**To:** 'Pete Mannino'  
**Cc:** Gajdek, Rich E NAN02; Hawkins, Gloria S NAB02; Nejand, Patrick C NAN02  
**Subject:** Spring Coil & Yesterday's call

Pete -

Sorry I wasn't able to participate in the call yesterday.

I was actually tied up with Spring Coil. Here's the latest: They indicated they have moved 90% of their stuff to the new location (I still don't have the lease though). As soon as they can get back in to Hamilton Industrial Park (when the water is back on), they will move the remainder. They indicated they anticipate to be done by early next week but will let me know when they are completely moved out. Lots of discussion on procedure for filing claims also yesterday.

Also....I have left several messages for Franz Cabinet but have not heard from him. I still haven't received his lease and signed form to be able to process his payment.

Christine Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-0866 (FAX)  
(410) 385-5516 (E-FAX)  
(410) 591-2247 (cell)

**Milligan, Chris NAB02**

---

**From:** Milligan, Chris NAB02  
**Sent:** Friday, June 01, 2007 10:54 AM  
**To:** 'Pete Mannino'  
**Subject:** Spring Coil & Franz

Pete --

Just FYI to keep you updated....spoke to Eileen from Spring Coil this morning. Now, all of the sudden, they have found another potential new location for their relocation. They are indicating it is better space than what they were considering from DSC.

Still no lease though....

Also, just so you know....I still haven't received the signed claim form & lease from Franz Cabinet. Wanted to let you know this since he was asking you when he was going to get his check...check can't be cut until we receive the information.

Last...two quick questions....are all utilities to be cut or just water? What is your latest date for them to be cut?

Christine Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-0866 (FAX)  
(410) 385-5516 (E-FAX)  
(410) 591-2247 (cell)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
190 BROADWAY  
NEW YORK, NY 10007-1555

Mr. Franz Kostemaj  
c/o Franz Cabinet Company  
262 Skyline Drive  
Millington, New Jersey 07946

**SUBJECT:** Cornell-Dubilier Electronics Superfund Site  
Operable Unit 2  
a.k.a. Hamilton Industrial Park  
333 Hamilton Boulevard  
South Plainfield, New Jersey

Dear Mr. Kostemaj:

As you are aware, the U. S. Environmental Protection Agency (EPA) is implementing the building demolition component of Operable Unit 2 at the Cornell-Dubilier Electronics (CDE) Superfund Site. On December 14, 2006, EPA informed you that you that your company would be required to vacate the property and that you would be given a written notice specifying the date that EPA will require possession of the property you occupy, at least 30 days before the date that the property must be vacated.

Accordingly, you are hereby notified to vacate the property on or before May 31, 2007. Please be assured that the U.S. Army Corps of Engineers (USACE), acting on behalf of EPA, will continue to offer all appropriate relocation assistance.

If you have any questions regarding this matter, please feel free to contact me at 212-637-4395. Questions regarding the relocation process can be directed to your USACE relocation specialist, Chris Milligan, at 410-962-5162.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Mannino", is written over a horizontal line.

Peter Mannino, Remedial Project Manager  
Central New Jersey Remediation Section



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

May 21, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed for completion is a "Claim for Actual Reasonable Moving and Related Expenses" in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. This for was for your self-move payment in the amount of 19,220.00; please complete all highlighted areas and return the completed form to this office in the envelope provided.

We have also received a copy of the letter from Vantage Development LLC dated 23 March 2007 regarding the lease for your new space. Please provide us with a signed copy of your new lease in order for the storage payment to be processed and issued along with the completed claim form (enclosed). Also, once you have received the estimates for the installation/hook-up of your equipment, it is requested that you provide them to this office.

If you have any questions regarding the above, please feel free to contact Christine Milligan at (410) 962-5162; you may also call toll-free and leave a message at (888) 867-5215. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

**Signed**

Susan K. Lewis  
Acting Chief, Real Estate Division

CF: Pete Mannino, EPA Region II

CM5-21  
MILLIGAN/CENAB-RE-S/ CM / 5162

DOCUMENT: Franz-Store-Form/Cornell/milligan/special/share

LEWIS/CENAB-RE-S  
4

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

USAED Balto CENAB-RE

Cornell (CSE)

N/A

AGENCY NAME

PROJECT NAME

TRACT NUMBER

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved: 333 Hamilton Blvd, S. Plainfield NJ	Address To Which Claimant Moved:
Date First Occupied Property:	Date Move Started:
	Date Move Completed:

TYPE OF OPERATION: ☒ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☒ NO (If "No", attach an explanation) initial move payment on  
DOES CLAIMANT INTEND TO REESTABLISH? ☒ YES ☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Private America)	\$ 19,220.00	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$ 19,220.00	\$ 19,220.00

Does not include electrical connections/hook-ups

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either unincorporated or incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, FRANZ R. KOSTEMAN, as PROPRIETOR of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: Francis R. Kosteman 3/27/07  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

## Supporting Data for Storage:

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES☒ NO

DATE MOVED FROM STORAGE: \_\_\_\_\_

Should Payment Be Made Directly to Storage Company: ☐ YES☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Hourly Rate for Storage	2072.50	\$
Number of Months in Storage	4	
Storage Costs	8290.00	\$
Amount Previously Received (if any)	0	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value for Continued Use at Present Location	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (b) minus (c)	(e) Estimated Cost of Moving Old Property - Agency enter	(f) Amount Claimed (Lesser of (d) or (e))	(g) For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a) Identify Substitute Property for Which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location	(c) Proceeds From Sale or Trade-In of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (b) minus (c)	(e) For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

**Determination of Reestablishment Expenses: (attach separate sheets, as needed)**

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit fee or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Providing utilities from the right-of-way to improvements on replacement site.
12. Purchase of substitute personal property.
13. Feasibility surveys, soil testing and marketing studies.
14. Impact fees or one-time assessments for anticipated heavy utility usage.
15. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
5. Advertisement of replacement location.
6. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(S) & DATE:**

**NAME & TITLE (Type or Print)**

*Franz R. Kostemaj* 3/27/07 **FRANZ R. KOSTEMAJ** **OWNER**

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$			
Approved	\$			





**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

April 4, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

Enclosed is U.S. Treasury Check No. 8736-01423124 in the amount of \$19,220 in connection with your relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. This check provides your self-move payment. It is understood that you accept full responsibility for your self-move; it is further understood that this payment does not include the installation/hook-up costs associated with the move of your equipment. Once you have estimates for the installation/hook-up, it is requested that you provide them to this office.

If you have any questions regarding the above, please feel free to contact me at (410) 962-5162; you may also call toll-free and leave a message for me at (888) 867-5215. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Christine Milligan  
Realty Specialist

CF: Pete Mannino, EPA Region II

W F I V C W

Standard Form 1034  
Revised October 1987  
Department of the Treasury  
1 TFM 4-2000  
1034-121

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

DATE VOUCHER PREPARED  
15 March 2007  
CONTRACT NUMBER AND DATE  
KOSTEMAJ  
REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

CERTIFIED

E1

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ KOSTEMAJ  
(Franz Cabinet)  
262 Skyline Drive  
Millington, NJ 07946  
Please FedBs Check to CENAB-RE (FedEx address above)

DATE

3/23/07 RB E1  
32207

DATE INVOICE RECEIVED

DISCOUNT TER 45

PAYEE'S ACCC INT NUMBER

United States Treasury

15-51  
000USACE FINANCE CENTER  
MEMPHIS, TN

8736-01423124

Check No.



Pay to  
the order of

CONTRACT KOSTEMAJ

23-MAR-2007

PAY EXACTLY \$\*\*\*\*\*19220AND00CTS

\$\*\*\*\*\*19220.00\*

FRANK KOSTEMAJ  
C O USACE CENAB RE C  
10 S HOWARD STREET  
BALTIMORE MD 21201

E1

VOID AFTER ONE YEAR

PER

(1)

20.00

20.00

873620

000000518: 01423124

- ☐ PROGRESS  
☐ ADVANCE

TITLE  
Environmental Program Manager, Real Estate Division

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE

PER

TITLE

- 1 When stated in foreign currency, insert name of currency.  
2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  
3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

Previous edition usable

## PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 340-00-500-2234

USAPA V4.00

WEI VOW

Form 1034  
Revised January 1987  
Department of the Treasury  
1 TFM 4-2000  
1034-121

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

DATE VOUCHER PREPARED  
15 March 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE  
**KOSTEMAJ**  
REQUISITION NUMBER AND DATE

PAID BY

E1

PAYEE'S  
NAME  
AND  
ADDRESS

**FRANZ KOSTEMAJ**  
(Franz Cabinet)  
262 Skyline Drive  
Millington, NJ 07946  
Please FedEx Check to CENAB-RE (FedEx address above)

3/23/07 **TPB** **E1**  
**DATE** **3-22-07**  
**#1** **JMY**

DATE INVOICE RECEIVED

DISCOUNT TER 15

PAYEE'S ACCO INT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT /L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
		Payment for self-move of Franz Cabinet Company from 333 Hamilton Blvd, South Plainfield, NJ. Move for Cornell Dublier Superfund Site. Pmt based on "Pride in America" estimate. Payment is made IAW PL 91-646, as amended. Tax ID No. 22-7376837 (payment is tax exempt)				19,220.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

19,220.00

PAYMENT:

- ☐ PROVISIONAL  
☒ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

APPROVED FOR

= \$ 19,220.00

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

SUSAN K. LEWIS

*Susan K. Lewis*

TITLE

Environmental Program Manager, Real Estate Division

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer's)

(Title)

## ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE'S	

1 When based in foreign currency, insert name of currency.

2 If the ability to verify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving official will sign in the space provided, over his official title.

3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

PER

TITLE

Previous edition usable

## PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 540-00-000-2234

USAPA V4.00

07 MAR 26 PM 1:12

RECEIVED  
MAR 21 PM 12:56  
USACE  
ENGINEERING CENTER

CENAB-RE-S

DATE: 4 Apr. 107

**REQUEST FOR OVERNIGHT MAIL SERVICE**

Franz ~~McKenna~~ Kosternaj 908-209-5556  
(Recipient's Name) (Phone Number)

(Company Name) (Suite or Room Number)

262 Skyline Drive  
(Street Address -no P.O. Boxes)

Millington NJ 07946  
(City) (State) (Zip Code)

POC for this action is Chris Milligan at x5162.

*Chris Milligan*

SUSAN K. LEWIS  
Environmental Program Manager  
Special Projects Support Branch  
Real Estate Division

Ref: REAL ESTATE  
Date: 04/04/2007  
Wgt: 0.1 LBS  
SHIPPING: 4.41  
SPECIAL: 0.00  
HANDLING: 0.00  
TOTAL: 4.41  
DV: 0.00  
Svcs: PRIORITY OVERNIGHT  
TRCK: 9015 6920 7946

**FRANZ CABINET CO.**

333 Hamilton Blvd.  
South Plainfield NJ 07

3/27/2007

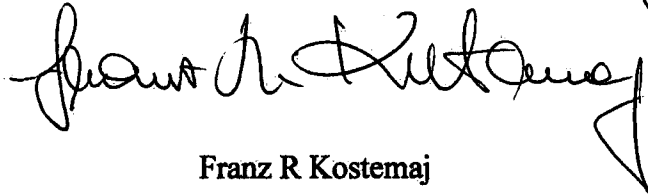
Department of the Army  
Baltimore District, U.S. Army Corps of Engineers  
P.O. Box 1715  
Baltimore MD 21203-1715

Ms. Christine Milligan

Dear Ms. Milligan;

Enclosed please find the signed Forms you send,  
Copy of Storage Space Agreement with VANTAGE DEVELOPMENT LLC for my Machines /Materials  
and Equipment.

Sincerely

A handwritten signature in black ink, appearing to read 'Franz R. Kostemaj', with a stylized flourish at the end.

Franz R Kostemaj

**VANTAGE DEVELOPMENT LLC**

223 STIRLING ROAD  
WARREN, NJ 07059

(908) 647-1010  
FAX (908) 647-4242

Franz Cabinet Co.  
333 Hamilton Blvd.  
S. Plainfield, NJ 07080  
908 209-5556

Re: Storage until C.O. issued

March 23, 2007

We estimate having a C.O. for your space in four (4) months.

Until then, you may use the space for storage at the rate of \$2,072.50/month starting April 1, 2007 (3,316 sq.ft. x \$7.50/ft. = \$24,870.00/yr. divided by 12 = \$2,072.50/month)

We will waive the CAM during this period until C.O. is approved.



Tom Friendly  
908 507-0019

Received check # 7787 for \$500.00 as a deposit for Intent to Lease

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

USAED, Balto CENAB-RE      Cornell (CSE)      N/A  
AGENCY NAME      PROJECT NAME      TRACT NUMBER

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:      NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved: 333 Hamilton Blvd, S. Plainfield NJ	Address To Which Claimant Moved:
Date First Occupied Property:	Date Move Started:
	Date Move Completed:

TYPE OF OPERATION: ☒ Business      ☐ Nonprofit Organization      ☐ Farm Operation  
TYPE OF OWNERSHIP: ☐ Sole Proprietorship      ☐ Corporation      ☐ Partnership      ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES      ☒ NO (If "No", attach an explanation) initial move payment on  
DOES CLAIMANT INTEND TO REESTABLISH? ☒ YES      ☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Prime America)	\$	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$ 0.00
(9) Amount Requested	\$	\$ 19,220.00

Does not include electrical connections/hook-ups

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, FRANZ R. KOSTEMAY, as PROPRIETOR of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: Francis R. Kostemay 3/27/07  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

## Supporting Data for Storage:

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES☒ NO

DATE MOVED FROM STORAGE: \_\_\_\_\_

DATE MOVED FROM STORAGE: \_\_\_\_\_

Should Payment Be Made Directly to Storage Company: ☐ YES☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	2072.50	\$
Number of Months in Storage	4	
Storage Costs	8290.00	\$
Amount Previously Received (if any)	0	\$

Description of Property Stored (List may be attached):

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value for Continued Use at Present Location	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (b) minus (c)	(e) Estimated Cost of Moving Old Property - Agency enter	(f) Amount Claimed (Lesser of (d) or (e))	(g) For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a) Identify Substitute Property for Which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location	(c) Proceeds From Sale or Trade-In of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (b) minus (c)	(e) For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.



**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit fee or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Providing utilities from the right-of-way to improvements on replacement site.
12. Purchase of substitute personal property.
13. Feasibility surveys, soil testing and marketing studies.
14. Impact fees or one-time assessments for anticipated heavy utility usage.
15. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
5. Advertisement of replacement location.
6. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:** *Frank R. Kostemaj* 3/27/07 **NAME & TITLE (Type or Print)** *FRANZ R. KOSTEMAJ* **OWNER**

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$			
Approved	\$			

Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

USAED, Balto CENAB-RE

Cornell (CSE)

N/A

AGENCY NAME

PROJECT NAME

TRACT NUMBER

NAME UNDER WHICH

CLAIMANT CONDUCTS OPERATIONS

NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING

CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved:

333 Hamilton Blvd, S. Plainfield NJ

Address To Which Claimant Moved:

Date First Occupied Property:

Date Move Started:

Date Move Completed:

TYPE OF OPERATION: ☒ Business

☐ Nonprofit Organization

☐ Farm Operation

TYPE OF OWNERSHIP: ☐ Sole Proprietorship

☐ Corporation

☐ Partnership ☐ Nonprofit Organization

IS THIS A FINAL CLAIM? ☐ YES

☒ NO (if "No", attach an explanation) initial move payment on

DOES CLAIMANT INTEND TO REESTABLISH?

☒ YES

☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Private America)	\$	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$ 0.00
Amount Requested	\$	\$ 19,220.00

Does not include electrical connections/hook-ups

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either unincorporated or incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_  
occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, FRANZ R. KOSTEMAJ, as PROPRIETOR of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: Francis R. Kostemaj 3/27/07  
Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_  
occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

## Supporting Data for Storage:

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES ☒ NO

DATE MOVED TO STORAGE: \_\_\_\_\_

DATE MOVED FROM STORAGE: \_\_\_\_\_

NAME &amp; ADDRESS OF STORAGE COMPANY: \_\_\_\_\_

Should Payment Be Made Directly to Storage Company: ☐ YES ☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ 2072.50	\$
Number of Months in Storage	4	
Total Storage Costs	\$ 8290.00	\$
Amount Previously Received (if any)	\$ 0	\$

Description of Property Stored (List may be attached): \_\_\_\_\_

## Determination of Reasonable Amount of Search Expenses:

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$	\$
(2) Transportation-consult Agency for allowable rate per mile	\$	\$
(3) Lodging-Dates: Attach receipts)	\$	\$
(4) Fees Paid to Real Estate Broker or Agent	\$	\$
(5) Cost of Meals	\$	\$
(6) Other Expenses-Specify and attach receipts)	\$	\$
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$	\$

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

PART 2	(a)	(b)	(c)	(d)	(e)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)	For Agency Use Only
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL (Add all entries in Parts 1 and 2)					\$
Cost of Effort to Sell Property					\$
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
USAED, Baltimore, ATTN: Mary Hollobaugh  
City Crescent Building, 7th Floor, Real Estate Division  
10 South Howard Street  
Baltimore, MD 21201  
Note: Above is street/FedEx address

DATE VOUCHER PREPARED  
15 March 2007

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S  
NAME  
AND  
ADDRESS

FRANZ KOSTEMAJ  
(Franz Cabinet)  
262 Skyline Drive  
Millington, NJ 07946  
Please FedEs Check to CENAB-RE (FedEx address above)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
		Payment for self-move of Franz Cabinet Company from 333 Hamilton Blvd, South Plainfield, NJ. Move for Cornell Dublier Superfund Site. Pmt based on "Pride in America" estimate. Payment is made IAW PL 91-646, as amended. Tax ID No. 22-7376837 (payment is tax exempt)				19,220.00

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

19,220.00

PAYMENT:

- ☐ PROVISIONAL  
☒ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

SUSAN K. LEWIS

Environmental Program Manager, Real Estate Division

DIFFERENCES

Amount verified; correct for

(Signature or initials)

**MEMORANDUM**

ACCOUNTING CLASSIFICATION

CORNELL DUBLIER ELECTRONICS (CDE) SUPERFUND SITE, South Plainfield, NJ.

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE		

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

USAPA V4.00

# PROPOSAL

Pride In America, Inc.

Warehousing, Transportation, Millwright Services, Machinery Movers  
3651 South Clinton Ave South Plainfield, NJ 07080  
e-mail leonprdnmrc@aol.com

PHONE: 908-754-1200  
FAX: 908-754-5582

PROPOSAL NUMBER: PIA-P-15758

DATE: February 5, 2007

PROPOSAL TO: Franz Kosternaj  
Franz Cabinets  
333 Hamilton Ave Bldg 15  
South Plainfield, NJ 07080

Phone: 908-209-5556

Fax:

WORK LOCATION: Building 15 to any location within 50 miles

START DATE: Within next 60 days

JOB DESCRIPTION: Supply skilled labor, tools, and equipment to: Relocate entire cabinet shop. This includes 2 twenty-yard dumpsters for all scrap & garbage, packing all raw materials and small tools, disconnecting and moving all power equipment (table saws, planers, band saws, reciprocating saws, shapers, spray booth, and misc. equipment, tools) and raw materials. This price includes the electrical disconnection of machines, and the electric work needed to hook up the machines once in place at the new facility.

PRICE:	Packing & cleanup	\$10,200.00
	Dumpsters	\$ 1,350.00
	Disconnect electric	\$ 850.00
	Move machines & set in place	\$ 4,092.00
	Move raw material	\$ 2,728.00
	Electrical hookups	\$ 1,865.00

\$19,220.00

~~disregard~~

TERMS: As with all new customers, the first three invoices will be on a COD basis until a good working relationship is established.

This proposal is good for 30 days from date above

A Veteran Owned Company

15 Mar 07 - complete, original estimate in file  
cm

out" move. Moreover, Mr. Kostemaj's technical expertise is essential to the success of the move. Therefore, a carefully phased project will ensure a smooth and stress free relocation.

### BUDGET

1. Disassemble, protect, move, and reassemble of woodworking and ancillary equipment: \$7,360.
2. Packing of bits/blades/tools/manufactured fasteners/parts and other non-machinery items at origin location, moving, and unpacking at destination location: \$6,450.
3. Cost of materials to pack, protect, crate (as required) machinery, equipment, bits/blades/tools/manufactured fasteners/parts: \$2,900.
4. Labor costs to discard waterlogged lumber into dumpster and move good lumber to destination location: \$2,560.
5. Dumpster will be \$200 per 30 yard roll off dumpster plus \$83.75 per ton disposal fee. One dumpster with 10 tons of debris: \$1,037.50.
6. Additional insurance (beyond 60 cents per pound per article) to insure property of Franz Cabinet Company for the move. \$150,000 coverage with no deductible provided by Baker International, 1-800-356-0099. Please note that Franz Cabinet Company must complete application at least 1 week prior to commencement of any move-related activity. Cost of premium: \$750.

**TOTAL MOVE BUDGET for FRANZ CABINET COMPANY: \$21,057.50**

### CONTINGENCY

The following contingency must be considered:

1. Electrical disconnect and re-connect not included in budget and must be completed by a licensed electrician.

15 Mar 07- Complete, original estimate in file  
cm



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

March 15, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding your telephone call on this morning with Christine Milligan, of my staff, in connection with your permanent relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey.

As discussed with Mrs. Milligan, enclosed is a "Claim for Actual Reasonable Moving Expenses" which, once signed and returned, will enable us to issue your self-move payment. This payment is based upon the estimate received from Pride in America but does not include the cost for electrical hook-ups. Please complete all highlighted areas on the form and return it to this office in the envelope provided. Enclosed are additional blank forms for your future use. You will need to obtain two estimates for the electrical hook-ups and provide them to this office for review and approval.

Also, on February 1, we had provided you with our "Business Relocation Interview Summary" for your review, correction (if needed), signature and return along with our "Relocation Data Worksheet" for your completion, signature, and return. To date, we have not received these signed documents from you. Enclosed are additional copies and an additional postage-paid return envelope for your use. These forms, along with the "Claim for Actual Reasonable Moving Expenses" must be completed and returned to our office along with your new lease before we can issue your self-move payment.

If you have any questions regarding the above or our relocation process, please feel free to contact Mrs. Milligan at (410) 962-5162; you may also call toll-free and leave a message for her at (888) 867-5215. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

Enclosures

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162  
LEWIS/CENAB-RE-S

Document: Franz-move-ltr/Cornell/milligan/special/share



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

March 15, 2007

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Sincerely,

**Signed**

Susan K. Lewis  
Acting Chief, Real Estate Division

Enclosures

CF: Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162 *CM*  
LEWIS/CENAB-RE-S  
Document: Franz-move-ltr/Cornell/milligan/special/share



Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations

U. S. Army Corps of Engineers

See Page 3 for Privacy Act Statement  
before completing this form

USAED, Balto CENAB

AGENCY NAME

This is for your  
self-move payment

N/A

TRACT NUMBER

NAME UNDER WHICH  
CLAIMANT CONDUCTS OPERATIONS:

PERSON FILING

Address From Which Claimant Moved:

333 Hamilton Blvd, S. Plainfield NJ

h Claimant Moved:

Date First Occupied Property:

Date Move Started:

Date Move Completed:

TYPE OF OPERATION: ☒ Business

☐ Nonprofit Organization

☐ Farm Operation

TYPE OF OWNERSHIP: ☐ Sole Proprietorship

☐ Corporation

☐ Partnership ☐ Nonprofit Organization

IS THIS A FINAL CLAIM? ☐ YES

☒ NO (If "No", attach an explanation) initial move payment on

DOES CLAIMANT INTEND TO REESTABLISH?

☒ YES

☐ NO

COMPUTATION OF PAYMENT:

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses (Self based on Airline America)	\$	\$ 19,220.00
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$ 0.
(9) Amount Requested	\$	\$ 19,220.00

Does not include electrical connections/hook-ups

Certification of Eligibility for Relocation Payments and Services: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_  
occupies the property at \_\_\_\_\_

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, \_\_\_\_\_, as \_\_\_\_\_ of the business, farm,  
or nonprofit organization, hereby certify that all individuals are either United States citizens or  
nationals, or are aliens lawfully present in the United States: \_\_\_\_\_

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with  
an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_  
occupies the property at \_\_\_\_\_

I hereby certify that the corporation listed above is authorized to conduct business in the United  
States.

Signature and Date

Title



**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

February 1, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding our telephone call on 31 January 2007 in connection with the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey.

As discussed, enclosed are the following documents:

1. Additional copy of the Relocation Brochure – for your information
2. Summary sheet of relocation benefits (indicates Page 3 of 3 at bottom) – for your information
3. "Business Relocation Interview Summary" – for your review, correction (if needed), signature and return
4. "Relocation Data Worksheet" – for your completion, signature, and return

I have also enclosed my business card. When you return Items No. 3 & 4 above, please provide a copy of your current lease and a listing of your machinery and equipment. Enclosed is a postage paid envelope for your use.

If you have any questions regarding the above or our relocation process, please feel free to contact me at (410) 962-5162; you may also call toll-free and leave a message for me at (888) 867-5215. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Christine Milligan  
Realty Specialist

CF: Pete Mannino, EPA Region II

## **BUSINESS RELOCATION INTERVIEW SUMMARY**

**Franz Cabinet Company**  
**31 January 2007 at 12:00 p.m. (via phone)**  
**Franz Kostemaj**

1. Do you plan to reestablish this business? Yes
2. What are your replacement site requirements (size, location, zoning, features, etc.)?
  - Current lease is for 3,000 square feet of space; would be looking for approximately 2,000 SF
  - Zoning needs to be commercial or light industrial. Want to remain in area; other areas for consideration include Morris County, Hunterdon County, and Union County
3. Are there any outstanding contractual obligations that would be affected by a move?
  - No; current lease is month to month.
  - **Request a copy of lease be provided along with listing of your machinery and equipment.**
4. What is the financial capacity of the business to accomplish this move?
  - Anticipate needing assistance for move payments.
5. Do you need outside specialists for move planning, actual move completion, machinery re-installation? Any preferred companies?
  - May need specialty company (and/or rigger) to reinstall machinery.
6. Identification of real property v. personal property (list equipment and machinery and identify status of each). Do you expect to move all of the personal property to the new site?
  - All personal property anticipated to be moved.
7. What is the estimated time required for business to vacate this site?
  - Would like to move as soon as possible. Anticipate at least six weeks though.

8. What is the estimated difficulty in locating replacement site, considering special site requirements, zoning and permit issues, etc? Have you looked for any replacement sites?

- Mr. Kostemaj has contacted realtors in the area but has not yet heard back from them.

9. Do you anticipate any advance relocation payments will be required? Yes, for move.

  
CHRIS MILLIGAN

\_\_\_\_\_  
FRANZ KOSTEMAJ (signature & date)

31 January 2007

MEMORANDUM FOR RECORD

SUBJECT: Franz Cabinet Business Relocation (Cornell-Dublier Superfund Site, S. Plainfield, NJ)

Chris Milligan conducted the initial business interview over the phone on 31 January 07. Pete Mannino was on-site with Mr. Franz Kostemaj. Gloria Hawkins had provided Mr. Kostemaj with the relocation brochure and the list of relocation questions. Pete Mannino (EPA) provided an overview on EPA's site work and anticipated schedule and advised that the 90-day notice would be re-sent (via certified mail).

Chris reviewed moving & related expenses and reestablishment expenses with Mr. Kostemaj; also reviewed in-lieu of payments. Chris provided a review sheet (attached) of benefits and explained reestablishment (capped at \$10,000), and moving and related expenses, and ineligible expenses.

Requested a copy of his current lease and equipment listing.

I will provide listing information as it becomes available.

CHRISTINE MILLIGAN  
Realty Specialist

# RELOCATION DATA WORKSHEET

## PART I - PROSPECTIVE APPLICANT DATA

PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey	RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan	APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)		ANY OTHERS APPLICABLE	
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)		NAME	RELATIONSHIP
			SEX & AGE

## PART II - PROPERTY ACQUISITION DATA

TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: n/a			
DATE NEGOTIATIONS INITIATED	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED
ELIGIBILITY:				
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER				
INTEREST HELD BY APPLICANT:				
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:				
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE				
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED	DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED				
STRUCTURE VACATED		BUSINESS PLANS TO RE-ESTABLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO		
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) - DATE 31 Jan 07	RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER(i.e. TENANT BENEFITS) BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES	*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.	DISPLACEE(S) SIGNATURE:			DATE:

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: _____			
Date Replacement Site Obtained: _____ Amount Paid to Purchase Replacement Site: \$ _____			
Date DSS Inspection Performed on Replacement Site: _____ Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$ _____			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: _____			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS: Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW S24. , 49 CFR,			
FUTURE APPLICATIONS: Anticipated for re-establishment and moving & related expenses.			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Current lease for space at Hamilton Industrial Park			
Machinery and equipment listing/inventory			
Business relocation interview summary		TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
1 Feb 2007	Christine Milligan Realty Specialist		



**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

March 6, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding our telephone call this afternoon in connection with your permanent relocation for the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. As discussed, enclosed is a copy of the moving estimate provided by Alpha Moving and Storage.

If you have any questions regarding our relocation process, please feel free to contact me at (410) 962-5162; you may also call toll-free and leave a message for me at (888) 867-5215.

Your cooperation throughout this process will be greatly appreciated.

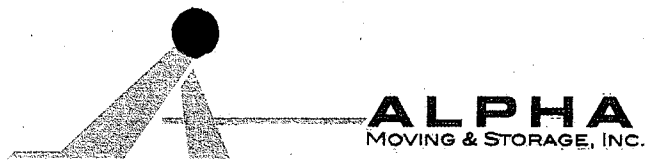
Sincerely,

Christine Milligan  
Realty Specialist

Enclosure

CF: Pete Mannino, EPA Region II





February 14, 2007

Ms. Gloria Hawkins  
CENAB-RE-S  
U.S. Army corps of Engineers Baltimore  
P.O. Box 1715  
Baltimore, MD 21203-1715

Re: Visual survey  
Franz Cabinet Company  
333 Hamilton Blvd., Unit 15  
South Plainfield, NJ 07080

Dear Ms. Hawkins,

On February 8, 2007 Alpha Moving & Storage conducted a site inspection of Franz Cabinet Company located at 333 Hamilton Blvd., unit 15, South Plainfield, NJ 07080. We met with Mr. Franz Kostemaj, 908-209-5556. Franz Cabinet Company's facility is used for custom woodworking production. Franz serves the A & D community (architects and designers) with high-end custom products executed with European craftsmanship.

#### **BACKGROUND**

The facility has one overhead door at loading-dock height. Truck accessibility is very good. All of the available space within the facility is being utilized for machinery, lumber, tools, production tables, storage cabinets, spray racks, and projects currently in production. There is a small office as one enters the facility. This office has cabinetry on the walls, chairs, file cabinets, double pedestal desk, small refrigerator, and some office equipment. Due to a leaky roof each piece of lumber must be inspected to determine if it will be discarded or moved to the new facility. Any waterlogged or warped lumber cannot be used.

**"OUR PROMISES ARE SET IN STONE"**

T:201.656.6511 • F:201.656.5006  
6 SENATE PLACE, JERSEY CITY, NJ 07306  
WWW.ALPHAMOVING.COM

The facility has the following production machinery and ancillary items:

1. Holzher panel saw.
2. Felder combination planer/shaper/jointer saw.
3. Delta table saw.
4. Reliance planer.
5. Reliance shaper.
6. Powermatic jointer.
7. Reliance dust collector (quantity two).
8. Delta bandsaw.
9. Coral dust collector.
10. Argo air compressor.
11. Smaller joiner.
12. Blum hinge presser.
13. Vacuum hold down tables (quantity two).
14. Pink's spray booth components.
15. Storage cabinet for flammable materials.
16. Metal storage cabinet.
17. Drill press
18. Spray racks (quantity two).
19. Metal duct components (quantity 11, 4-foot long, 2' diameter, elbows and dampers with collars).
20. Numerous saw horses, tables, storage cabinets, and other items used in the production of custom woodwork.

There are significant quantities of bits, blades, tools, manufactured fasteners, and parts that require careful packing prior to the move. In addition, the above-listed machinery requires disassembly at the origin location and reassembly at the destination location. The packing of the bits/blades/tools/fasteners/parts and the disassembly and reassembly of the machinery can be proficiently accomplished by skilled movers with technical expertise provided by Mr. Franz Kostemaj.

## **SCHEDULE**

The pre-move preparation and the relocation is scheduled to be accomplished over a five-day period. It must be noted that due to the specialized machinery and tools, it is necessary to utilize a deliberate schedule as opposed to a "bang it

out" move. Moreover, Mr. Kostemaj's technical expertise is essential to the success of the move. Therefore, a carefully phased project will ensure a smooth and stress free relocation.

## BUDGET

1. Disassemble, protect, move, and reassemble of woodworking and ancillary equipment: \$7,360.
2. Packing of bits/blades/tools/manufactured fasteners/parts and other non-machinery items at origin location, moving, and unpacking at destination location: \$6,450.
3. Cost of materials to pack, protect, crate (as required) machinery, equipment, bits/blades/tools/manufactured fasteners/parts: \$2,900.
4. Labor costs to discard waterlogged lumber into dumpster and move good lumber to destination location: \$2,560.
5. Dumpster will be \$200 per 30 yard roll off dumpster plus \$83.75 per ton disposal fee. One dumpster with 10 tons of debris: \$1,037.50.
6. Additional insurance (beyond 60 cents per pound per article) to insure property of Franz Cabinet Company for the move. \$150,000 coverage with no deductible provided by Baker International, 1-800-356-0099. Please note that Franz Cabinet Company must complete application at least 1 week prior to commencement of any move-related activity. Cost of premium: \$750.

TOTAL MOVE BUDGET for FRANZ CABINET COMPANY: \$21,057.50

## CONTINGENCY

The following contingency must be considered:

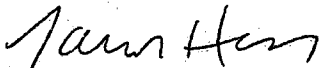
1. Electrical disconnect and re-connect not included in budget and must be completed by a licensed electrician.

Alpha Moving & Storage is insured and licensed to perform moves in New Jersey and has 48-state authority to conduct moves throughout the United States. Alpha is a member of the American Moving & Storage Association (AMSA) and the New Jersey Warehousemen & Movers Association.

Alpha Moving & Storage will assemble a team led by an experienced project manager. The project manager will provide overall leadership, conduct pre-move meetings, develop a tagging protocol, and create a detailed schedule. Alpha's move and transportation teams will be supervised working foremen. All Alpha team members have a can-do attitude and a courteous demeanor.

Thank you for the opportunity to review the relocation requirements for the Franz Cabinet Company. If you have any questions please do not hesitate to call.

Sincerely,



Gary Hess  
Business Development  
201-656-6511 ext. 212  
gary@alphamoving.net



February 14, 2007

Ms. Gloria Hawkins  
CENAB-RE-S  
U.S. Army corps of Engineers Baltimore  
P.O. Box 1715  
Baltimore, MD 21203-1715

Re: Visual survey  
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8. Delta bandsaw.
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10. Argo air compressor.
11. Smaller joiner.
12. Blum hinge presser.
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## **CONTINGENCY**

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Thank you for the opportunity to review the relocation requirements for the Franz Cabinet Company. If you have any questions please do not hesitate to call.

Sincerely,



Gary Hess  
Business Development  
201-656-6511 ext. 212  
gary@alphamoving.net



6 Senate Place, Jersey City, NJ 07306, 201-656-6511

**Alpha Moving &  
Storage**

# Fax

**To:** Ms. Gloria Hawkins**From:** Gary Hess**Fax:** 410-962-0866**Pages:** 5 including cover sheet**Phone:****Date:** 2/14/2007**Re:** Franz Cabinet Company site inspection  
report☐ Urgent☒ For Review☐ Please Comment☐ Please Reply☐ Please Recycle**● Comments:**

CENAB-RE-S (Ms. Hawkins)

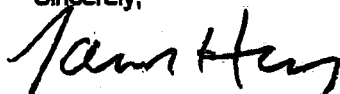
U.S. Army Corps of Engineers Baltimore

Hello Ms. Hawkins,

Please find included in this fax transmission our site inspection report for Franz Cabinet Company.

Hard copy will follow by U.S. mail. If you have any questions please do not hesitate to call.

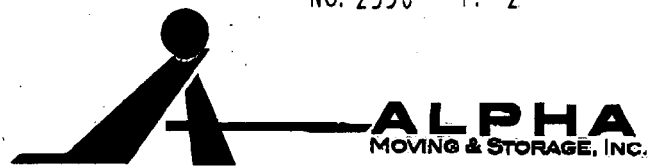
Sincerely,



Gary Hess

2 March 07 - Left VM for Franz Kostemaj at  
908-209-5556. CM

6 March - Spoke to Franz. Hess sending info via  
overnight mail. He said he can't use estimate  
for "reconnect" provided by his mover because  
the building needs re-wiring. He has est + will send



February 14, 2007

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U.S. Army corps of Engineers Baltimore  
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**TOTAL MOVE BUDGET for FRANZ CABINET COMPANY: \$21,057.50**

### CONTINGENCY

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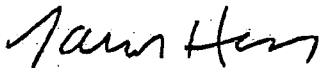
15 Mar 07- Complete, original estimate in file  
cm

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Sincerely,



Gary Hess

Business Development

201-656-6511 ext. 212

[gary@alphamoving.net](mailto:gary@alphamoving.net)



**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

February 6, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding your telephone conversation with Christine Milligan on 31 January 2007 in connection with the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. As discussed with Mrs. Milligan, enclosed is information on properties currently available for lease. Also, the below information provides a general summary of relocation benefits.

As you are aware, the U.S. Environmental Protection Agency (EPA) selected a remedy to address contaminated buildings and soils at the former CDE facility. The selected remedy will involve the demolition of the buildings at the site. In preparation of this upcoming action, the U.S. Army Corps of Engineers (USACE) is acting as an agent of the EPA to perform commercial relocations required for this project.

The benefits outlined in the brochure entitled "Your Rights and Benefits as a Displaced Person under the Federal Relocation Assistance Program" are briefly outlined below:

**Moving and Related Expenses:**

**Moving expenses:** Business moving benefits may be handled by one of two separate methods, as described in 49 CFR Section 24.301(d). The first method is reimbursement of actual, reasonable moving costs for a commercial mover, based on the lower of two bids or estimates. The second method is to perform the move yourself and accept full responsibility for the move. Should this be your preferred option, payment may be based on either of the following methods: (1) the Corps will require two written moving estimates prepared by a commercial mover and will make a payment, directly to you, based on the lower of the two; or (2) you can submit receipted bills for labor and equipment used in your move. Hourly labor rates paid should not exceed the rates paid by commercial movers and equipment rental fees should be based on the actual rental cost of the equipment, but may not exceed rates paid by commercial movers. After you move, receipts must be provided to support all costs claimed and a Claim for Actual Reasonable Moving and Related Expenses must be filed to receive any benefits to which you are entitled.

Related expenses: Moving and related expenses may include (1) transportation of personal property not beyond a distance of 50 miles; (2) packing, crating, unpacking and uncrating of the personal property; (3) disconnecting, dismantling, moving, reassembling, and reinstalling relocated machinery, equipment, and other personal property; including connection to utilities available in the building; it also includes modifications to the personal property, including those mandated by Federal, State or local law, code or ordinance necessary to adapt it to the replacement structure, the replacement site, or the utilities at the replacement site, and modifications necessary to adapt the utilities at the replacement site to the personal property; (4) storage of the personal property for a period not to exceed 12 months; (5) insurance for the replacement value of the personal property in connection with the move and necessary storage; (6) the replacement value of property lost, stolen or damaged in the process of moving where insurance covering such loss, theft, or damage is not reasonably available; (7) Other moving related expenses not listed as ineligible under Section 24.301(h); (8) Any license, permit, fee, or certification required of the displaced business at the replacement location; (9) professional services determined to be actual, reasonable, and necessary for planning of the move of personal property, moving the personal property, and installing the relocated personal property at the replacement location; (10) relettering signs and replacing stationery on hand at the time of displacement; (11) actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business; (12) the reasonable cost incurred in attempting to sell an item that is not to be relocated; (13) purchase of substitute personal property; (14) costs for searching for a replacement location, not to exceed \$2,500, as the Government determines reasonable; (15) connection to available nearby utilities from the right-of-way to improvements at the replacement site; (16) professional services to determine suitability of the replacement site for business operations; and (17) impact fees for anticipated heavy utility usage. For further information on eligible expenses, see 49 CFR Sections 24.301(g) and 24.303.

Reestablishment expenses: In addition to the moving benefits and related expenses, a business may be eligible to receive a payment, not to exceed \$10,000.00, for expenses actually incurred in relocating and reestablishing such business (see 49 CFR Section 24.304). Reestablishment expenses must be reasonable and necessary as determined by the Government. They may include, but are not limited to, the following: (1) repairs or improvements to the replacement real property as required by Federal, State, or local law, code, or ordinance; (2) modifications to the replacement property to accommodate the business; (3) construction and installation costs for exterior signage; (4) redecoration or replacement of soiled or worn surfaces at the replacement site; (5) advertisement of replacement location; (6) estimated increased costs of operation during the first two years at the replacement site; and, (7) other items that the agency considers essential to the reestablishment of the business. These expenses may be claimed on the form referenced above.

Another alternative to the business relocation benefits outlined above is that you may choose a fixed, "in lieu of payment" if your business contributed materially to your income (see 49 C.F.R. Section 24.305). The term "contribute materially" means that during the two taxable years prior to the taxable year in which the displacement occurs, a business: (1) had average annual gross receipts of at least \$5,000; or (2) had average annual net earnings of at least \$1,000; or (3) contributed at least 33-1/3 percent of the owner's or operator's average annual gross income from all sources. The payment shall equal the average annual net earnings of the business for 2004 and 2005, before taxes. If you choose this option, a Claim for Fixed Payment in Lieu of Payment for Actual Moving and Related Expenses must be filled out and proof of net earnings is required through income tax returns, certified financial statements, or other reasonable evidence. The maximum in lieu of payment is \$20,000.

Relocation benefits are, in effect, reimbursement of certain costs incurred upon moving from land acquired by the Government and are generally paid after the move has been completed. However, in financial hardship cases, certain benefits may be advanced in whole or in part. Should you need advance payment of benefits to complete your relocation, you may contact Christine Milligan for information and assistance.

All decisions pertaining to your relocation may be appealed. If you wish to submit an appeal, you may do so pursuant to 49 CFR Section 24.10. In order to appeal a decision, you must send a written notice of appeal within sixty (60) days from the determination to the following address:

Ms. Susan K. Lewis  
Acting Chief, Real Estate Division  
U.S. Army Corps of Engineers, Baltimore  
ATTN: Real Estate Division  
P. O. Box 1715  
Baltimore, Maryland 21203-1715

Your letter should clearly state the basis for your appeal. You may request a conference with the reviewing official concerning the appeal, at a mutually agreeable time and place, and you may submit additional information at any time prior to final action on the appeal. The appeal will be considered by the District Commander, and, if action favorable to you cannot be taken, the appeal will be submitted to the Division Commander for review. Upon receipt of a decision by the Division Commander, you may request in writing within 60 days that the appeal be forwarded to Headquarters of the U.S. Army Corps of Engineers for additional review. You will be notified of the decision made at each stage of the appeal proceeding. The appeals process will be coordinated with the EPA, and EPA Headquarters will make the final administrative decision regarding the appeal.

Mrs. Christine Milligan will be available to assist you with your relocation in any way possible; she can be contacted at (410) 962-5162 or you may leave a message for her at (888) 867-5215. Please be assured that we will make every effort for your relocation to proceed as smoothly as possible and to minimize impact upon you during this process. Your cooperation in this matter will be appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

Enclosure

Copy Furnished:

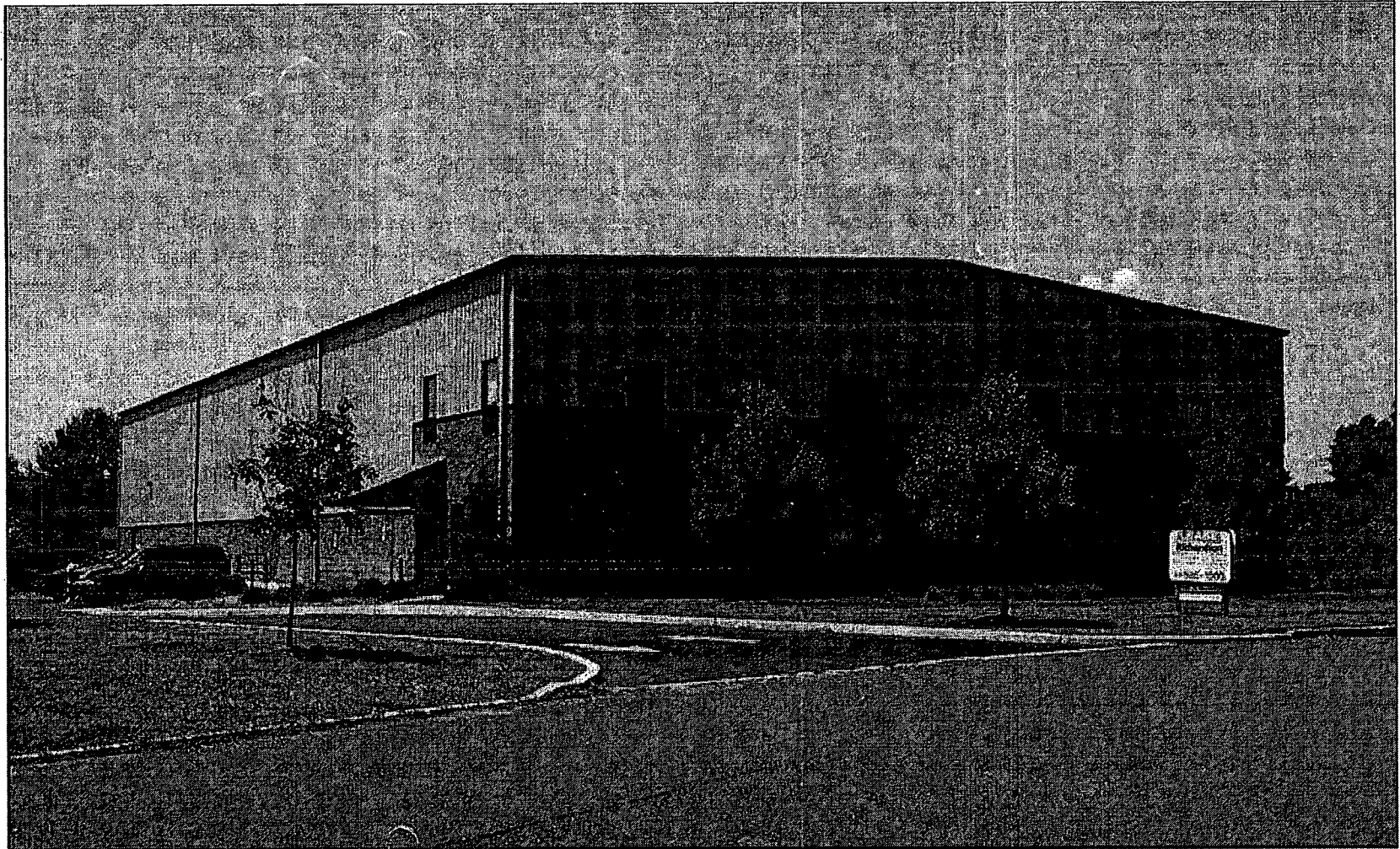
Pete Mannino, EPA Region II, 290 Broadway, New York, NY 10007-1866

MILLIGAN/CENAB-RE-S/ CM /2-2003  
LEWIS/CENAB-RE-S

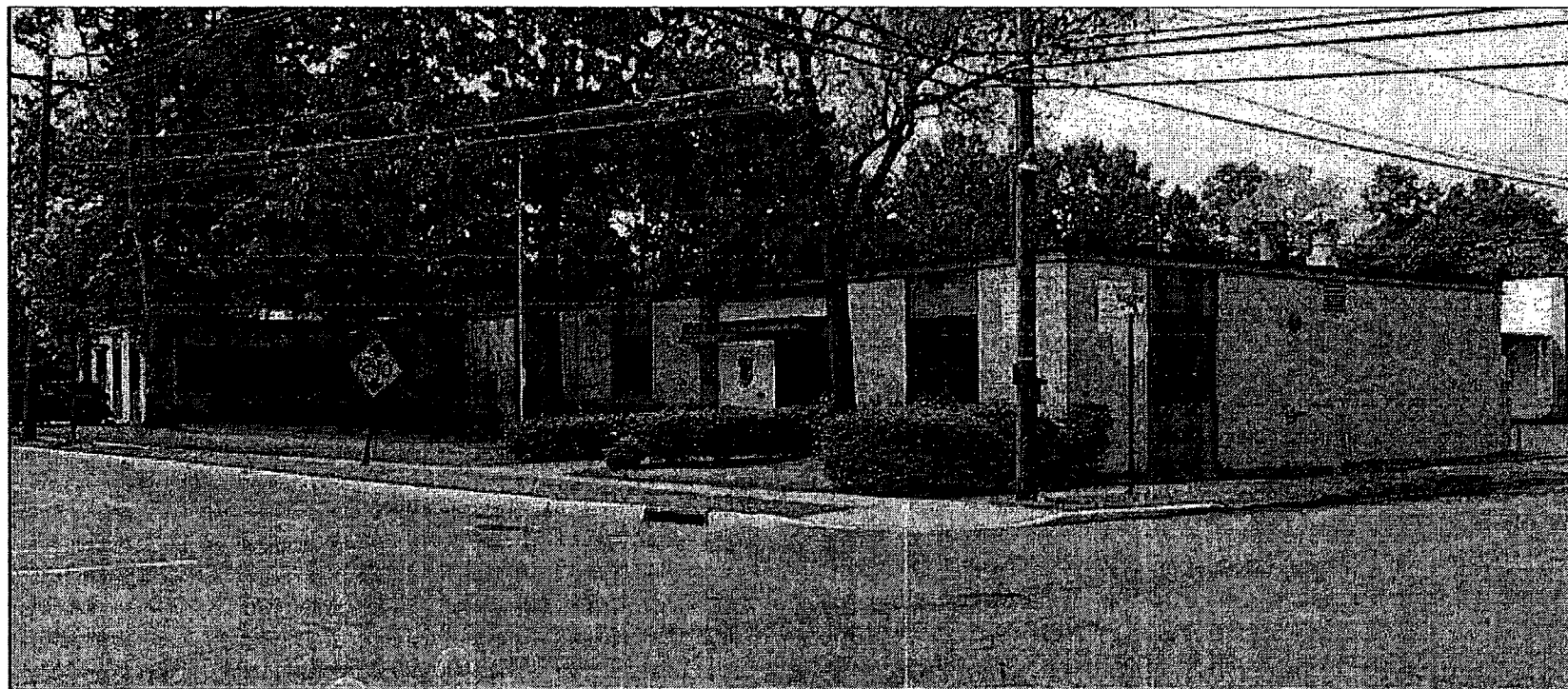
DOCUMENT: Franz-Relo-Ltr/Cornell/milligan/special/share





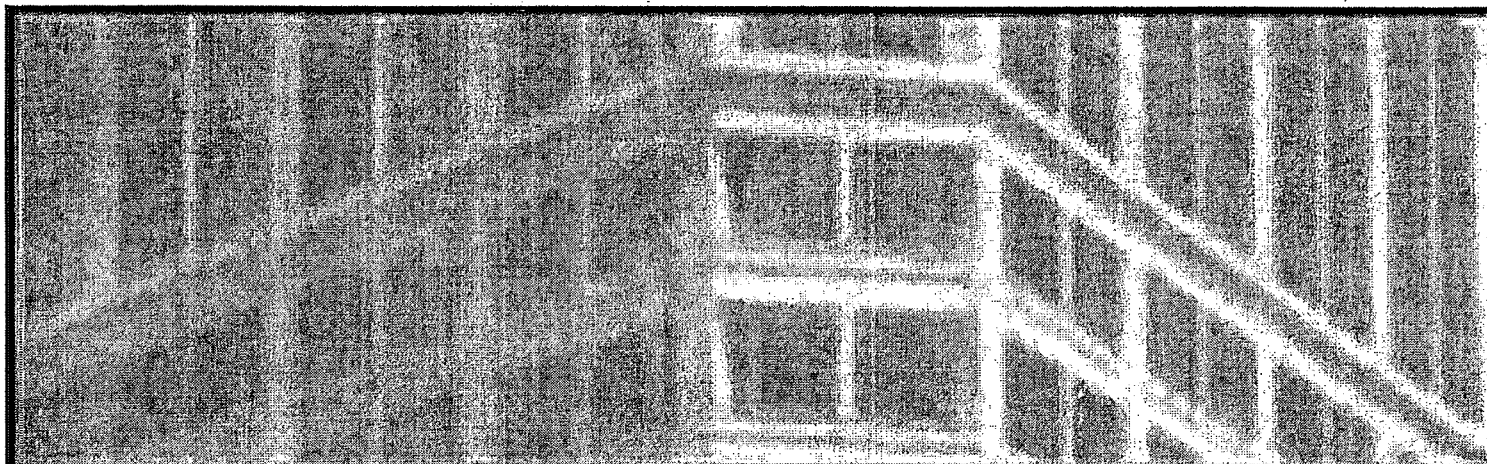




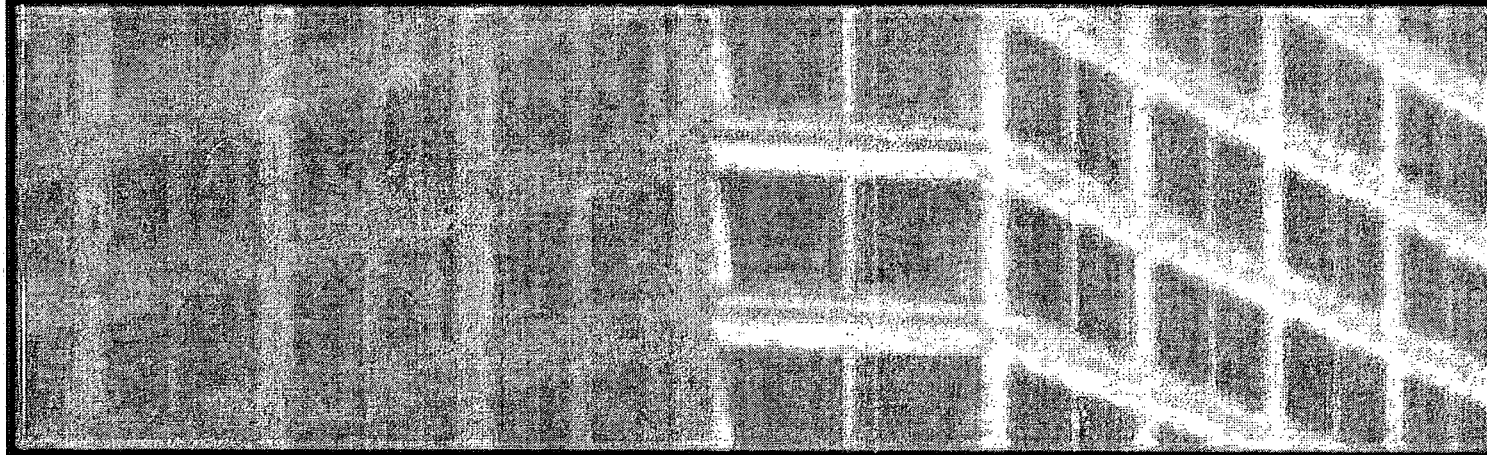








**PHOTO COMING SOON**



**406 Berg Ave**

County: **Mercer**  
Submarket: **Trenton/295 Ind**  
City: **Hamilton, NJ 08610**

Property Type: **Class C Industrial/Warehouse**  
Status: **Built 1935**  
Tenancy: **Multiple Tenant**

Total Avail: **2,650 SF**  
Max Config: **2,025 SF**  
Office Avail: **0 SF**

Stories: **1**  
RBA: **12,000 SF**  
Building FAR: **-**  
% Office: **-**  
Land Area: **-**  
Zoning: **R-7**

Landlord Rep: **Richard A. Weidel Corp. Realtors**  
Property Manager: **-**  
Contact Info: **-**  
Recorded Owner: **-**  
True Owner: **-**

Rent/SF/yr: **Negotiable**  
Office Rent: **-**  
CAM/SF: **-**  
% Leased: **77.9%**  
Owner Occupied: **No**  
Owner Type: **-**

Ceiling Height: **16'0"**  
Column Spacing: **-**  
Construction Mat: **Masonry**  
Utilities: **Heating - Gas, Sewer - City, Water - City**

Drive Ins: **-**  
Loading Docks: **-**  
Levelators: **-**  
Cross Docks: **-**

Crane: **-**  
Rail Line: **-**  
Rail Spots: **-**  
Sprinkler: **-**

For Sale: **Not For Sale**

Parking: **Free Surface Spaces**

Parcel Number: **03-02325-0000-00010**

Floor	Unit	Use/Type	Leasing Company	SF Avail/Divide?	Bldg Cntg	Rent/SF/yr	Occupancy	Term	Docks	Drive-Ins
P 1st		Warehse/Direct	Richard A. Weidel Corp. Realtors	2,025 N	2,025	0/+util	Vacant	Negotiable	-	-
Rent \$1,250 / Month + utilities Unit #1 - clear span open area having 2,025 +/- sq. ft, 16 +/- feet clear ceiling height and a 12 +/- feet overhead door. There is a ceiling mounted gas-fired forced air heater.										

**Building Notes**

UTILITIES: Public water, sewer, gas and electric.

ZONING: R-7 Residential 7. Warehouse portion of the property is a pre-existing non-conforming use.

**BUILDING**

DESCRIPTION: Warehouse: single story masonry building.

The bathroom facility is in an adjoining unit in the building owner's space and would be accessible only during business hours.

COMMENTS: Very clean and well maintained property. Ideal for contractors or business needing warehouse/storage space.

Leasing Company	Agent Name	Email	Phone Number	Space Type
Richard A. Weidel Corp. Realtors 2490 Pennington Rd, Suite 201 Pennington, NJ 08534 609-737-2077 609-730-8546 (fax)	Steve Marusky	smarusky@ccim.net	(609) 737-2077	Direct

Property ID: 788065

**115 N Gold Dr**

County: **Mercer**  
Submarket: **Trenton/295 Ind**  
City: **Washington, NJ 08691**

Property Type: **Class B Industrial**  
Status: **Built 2003**  
Tenancy: **Multiple Tenant**

Total Avail: **2,040 SF**  
Max Contig: **2,040 SF**  
Office Avail: **2,040 SF**

Stories: **2**  
RBA: **15,000 SF**  
Building FAR: **0.27**  
% Office: **13.6%**  
Land Area: **1.26 AC**  
Zoning: **-**

Landlord Rep: **Joseph R. Ridolfi & Associates**  
Property Manager: **-**  
Contact Info: **-**  
Recorded Owner: **-**  
True Owner: **-**

Rent/SF/yr: **Negotiable**  
Office Rent: **-**  
CAM/SF: **-**  
% Leased: **86.4%**  
Owner Occupied: **Yes**  
Owner Type: **-**

Ceiling Height: **-**  
Column Spacing: **-**  
Construction Mat: **Masonry**  
Utilities: **-**

Drive Ins: **-**  
Loading Docks: **-**  
Levelators: **-**  
Cross Docks: **-**

Crane: **-**  
Rail Line: **-**  
Rail Spots: **-**  
Sprinkler: **-**

For Sale: **Not For Sale**

Parking: **Ratio of 4.00/1,000 SF**

Parcel Number: **12-00029-0000-00001-0012**

Floor	Unit	Use/Type	Leasing Company	SF/Avail/Divide?	Bldg Contg	Rent/SF/yr	Occupancy	Term	Docks	Drive-ins
P 2nd		Office/Direct	Joseph R. Ridolfi & Associates	2,040 N	2,040	0/fs	Vacant	2 yrs	-	-

Rent is \$3,000 a month

Leasing Company	Agent Name	Email	Phone Number	Space Type
Joseph R. Ridolfi & Associates 1245 Whitehorse Mercerville Rd Hamilton, NJ 08619 609-584-0900 609-581-5511 (fax)	Joseph Ridolfi	ridolfi@ridolfi-associates.com	(609) 581-4848	Direct

Property ID: 999670



**2421 Iorio St**

County: **Union**  
Submarket: **Route 78/22 East Ind**  
City: **Union, NJ 07083**

Property Type: **Class A Flex**  
Status: **Built 1955**  
Tenancy: **Multiple Tenant**

Total Avail: **2,100 SF**  
Max Contig: **2,100 SF**  
Office Avail: **2,100 SF**

Stories: **2**  
RBA: **26,820 SF**  
Building FAR: **0.50**  
% Office: **7.8%**  
Land Area: **1.23 AC**  
Zoning: **-**

Landlord Rep: **Bascom Corporation**  
Property Manager: **Bascom Corporation**  
Contact Info: **John Fressie, 973-345-1802**  
Recorded Owner: **Bascom Corporation**  
True Owner: **-**

Rent/SF/yr: **\$16.80**  
Office Rent: **\$16.80**  
CAM/SF: **-**  
% Leased: **92.2%**  
Owner Occupied: **No**  
Owner Type: **-**

Ceiling Height: **14'0"**  
Column Spacing: **22-30'w x 22-30'd**  
Construction Mat: **-**  
Utilities: **Heating - Oil (Fired), Sewer - City, Water - City**  
Power: **1600a/120-440v 3p**

Drive Ins: **1**  
Loading Docks: **3 ext**  
Levelators: **-**  
Cross Docks: **-**

Crane: **None**  
Rail Line: **None**  
Rail Spots: **None**  
Sprinkler: **Wet**

For Sale: **Not For Sale**  
Parking: **Ratio of 2.24/1,000 SF**  
Features:

Parcel Number: **19-03701-0000-00011**

Floor	Unit	Use/Type	Leasing Company	SF Avail/Divide?	Bldg Cntg	Rent/SF/yr	Occupancy	Term	Docks	Drive-ins
P- 2nd		Office/Direct	Bascom Corporation	2,100 N	2,100	\$16.80/+elec	Vacant	Negotiable	-	-

**Building Notes**

\* This is a 1-story building with a Mezzanine

\* Entire building air-conditioned

\* Power: 1,600 Amps, 120/280 Volts

\* Heavy electrical, 2 services, 3 phase

\* New HVAC

\* Located right off of Rt 22 less than 2 miles from Exit 140 of the Garden State Parkway and less than 10 miles from both Exits 13 and 14 of the N.J. Turnpike.

Leasing Company	Agent Name	Email	Phone Number	Space Type
Bascom Corporation 495-501 River St Paterson, NJ 07524 973-345-1802 973-684-6544 (fax)	John Fressie	basfood@aol.com	(973) 345-1802	Direct

Property ID: 176726

**400 Leland Ave**

County: **Union**  
Submarket: **Route 78/22 East Ind**  
City: **Plainfield, NJ 07062**

Property Type: **Class C Industrial**  
Status: **Built 1959**  
Tenancy: **Single Tenant**

Total Avail: **4,000 SF**  
Max Contig: **4,000 SF**  
Office Avail: **0 SF**

Stories: **1**  
RBA: **22,000 SF**  
Building FAR: **0.51**  
% Office: **-**  
Land Area: **1 AC**  
Zoning: **-**

Landlord Rep: **Fleck Knitwear Co.**  
Property Manager: **-**  
Contact Info: **-**  
Recorded Owner: **-**  
True Owner: **Fleck Knitwear Co. 908-754-8888 / Peter Fleck 908-754-8888**

Rent/SF/yr: **Negotiable**  
Office Rent: **-**  
CAM/SF: **-**  
% Leased: **100%**  
Owner Occupied: **No**  
Owner Type: **-**

Ceiling Height: **10'6"**  
Column Spacing: **-**  
Construction Mat: **-**  
Utilities: **-**

Drive Ins: **1**  
Loading Docks: **1 ext**  
Levelators: **None**  
Cross Docks: **None**

Crane: **None**  
Rail Line: **None**  
Rail Spots: **None**  
Sprinkler: **Wet**

For Sale: **Not For Sale**

Parking: **Free Surface Spaces; Ratio of 1.00/1,000 SF**

Features:

Floor	Unit	Use/Type	Leasing Company	SF Avail/Divide?	Bldg/Contg	Rent/SF/yr	Occupancy	Term	Docks	Drive-Ins
P 1st		Warehse/Direct	Fleck Knitwear Co.	500-4,000	4,000	0/fs	30 Days	Negotiable	-	-

There is 500 sf of office space. Please contact Peter Fleck for further details regarding the remaining 3,666 sf.

**Building Notes**

This property is located 1/2 mile from Route 22 and there are several fast food restaurants within walking distance. The Netherwood Train Station on the NJT Raritan Valley Line is within one block. The building is alarmed and has a central monitoring station.

Leasing Company	Agent Name	Email	Phone Number	Space Type
Fleck Knitwear Co. 400 Leland Ave Plainfield, NJ 07062 908-754-8888	Peter Fleck	fleckknit@aol.com	(908) 754-8888	Direct

Property ID: 176442

**635 Ramsey Ave**

County: **Union**  
Submarket: **Route 78/22 East Ind**  
City: **Hillside, NJ 07205**

Property Type: **Industrial/Warehouse**  
Status: **Built 1990**  
Tenancy: **Multiple Tenant**

Total Avail: **2,000 SF**  
Max Contig: **2,000 SF**  
Office Avail: **2,000 SF**

Stories: **2**  
RBA: **55,000 SF**  
Building FAR: **0.63**  
% Office: **3.6%**  
Land Area: **2 AC**  
Zoning: **-**

Landlord Rep: **Oasis Trading Corp.**  
Property Manager: **Oasis Trading Corp.**  
Contact Info: **908-964-0477**  
Recorded Owner: **Oasis Trading Corp.**  
True Owner: **-**

Rent/SF/yr: **\$15.00**  
Office Rent: **\$15.00**  
CAM/SF: **-**  
% Leased: **96.4%**  
Owner Occupied: **No**  
Owner Type: **-**

Ceiling Height: **24'0"**  
Column Spacing: **50'w x 50'd**  
Construction Mat: **-**  
Utilities: **Gas - Natural, Heating - Gas, Sewer - City, Water - City**  
Power: **400a**

Drive Ins: **-**  
Loading Docks: **3 ext**  
Levelators: **-**  
Cross Docks: **-**

Crane: **None**  
Rail Line: **None**  
Rail Spots: **None**  
Sprinkler: **Yes**

For Sale: **Not For Sale**

Parking: **Free Surface Spaces; Ratio of 1.09/1,000 SF**

Floor	Unit	Use/Type	Leasing Company	SF Avail/Divide?	Bldg/Cmtg	Rent/SF/yr	Occupancy	Term	Docks	Drive-Ins
P 1st		Office/Direct	Oasis Trading Corp.	900-2,000	2,000	\$15.00/mg	Vacant	Negotiable	-	-

Rent includes taxes, electric, cleaning, etc.

Leasing Company	Agent Name	Email	Phone Number	Space Type
Oasis Trading Corp. 465 Hillside Ave Hillside, NJ 07205 908-964-0477	Dennis Chu		(908) 810-4900	Direct

Property ID: 175963

**622 Rt 10**

County: **Morris**  
Submarket: **Eastern Morris Ind**  
City: **Whippany, NJ 07981**

Property Type: **Class C Flex/Light Manufacturing**  
Status: **Existing**  
Tenancy: **Multiple Tenant**

Total Avail: **2,050 SF**  
Max Contig: **2,050 SF**  
Office Avail: **0 SF**

Stories: **1**  
RBA: **42,000 SF**  
Building FAR: **-**  
% Office: **-**  
Land Area: **-**  
Zoning: **-**

Landlord Rep: **Christian Peter**  
Property Manager: **-**  
Contact Info: **-**  
Recorded Owner: **Christian Peter**  
True Owner: **-**

Rent/SF/yr: **\$25.27**  
Office Rent: **-**  
CAM/SF: **-**  
% Leased: **95.1%**  
Owner Occupied: **No**  
Owner Type: **-**

Ceiling Height: **12'0"**  
Column Spacing: **-**  
Construction Mat: **Masonry**  
Utilities: **-**

Drive Ins: **-**  
Loading Docks: **Yes**  
Levelators: **-**  
Cross Docks: **-**

Crane: **-**  
Rail Line: **-**  
Rail Spots: **-**  
Sprinkler: **-**

For Sale: **Not For Sale**

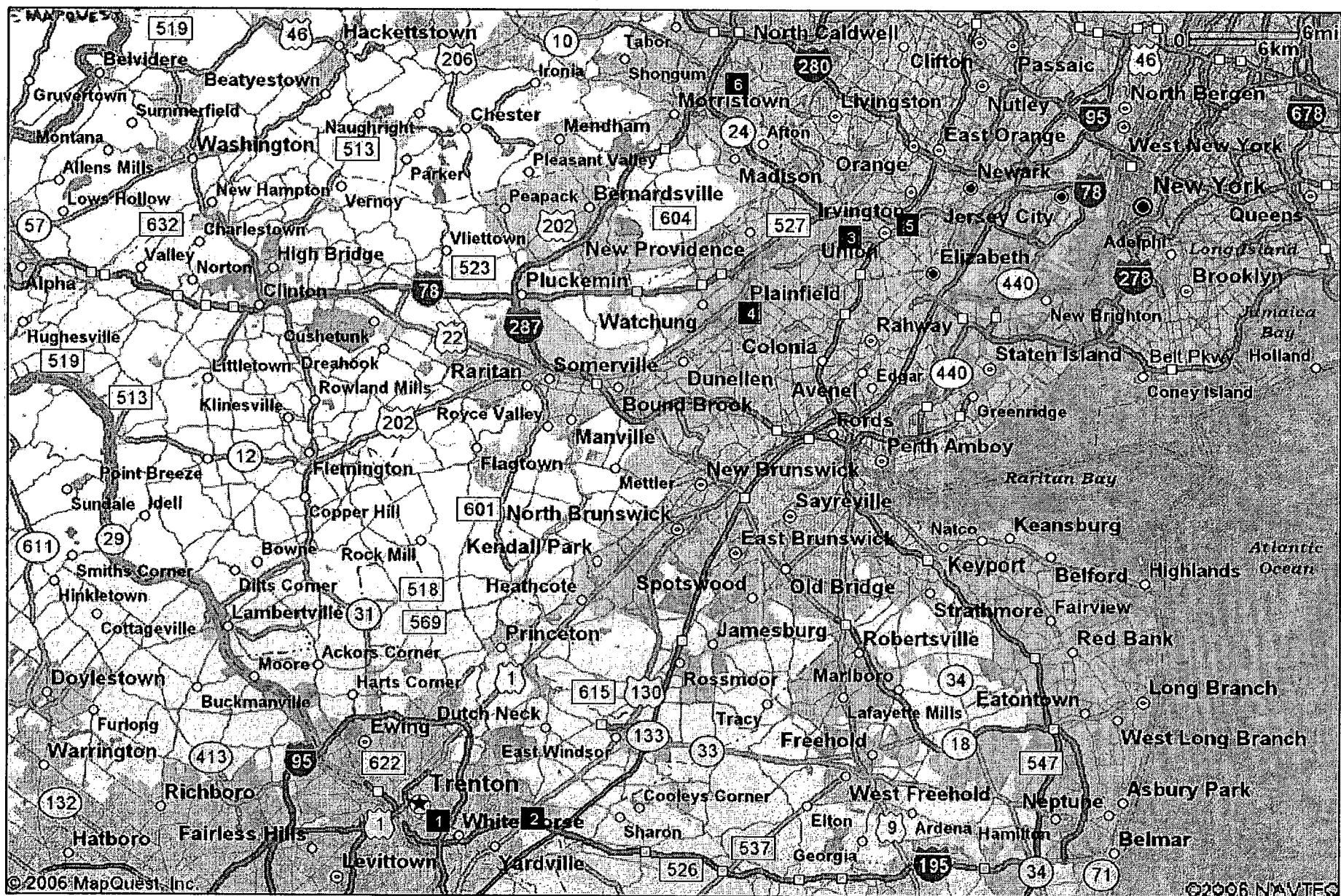
Floor	Unit	Use/Type	Leasing Company	SF Avail/Divide?	Bldg/Cntg	Rent/SF/yr	Occupancy	Term	Docks	Drive Ins
P 1st		Retail/Direct	Christian Peter	2,050 N	2,050	\$25.27/n	Vacant	1-3 yrs	-	-
Retail space with frontage on Route 10.										

**Building Notes**

Property is made up of flex space and two retail units in the front of the property.

Leasing Company	Agent Name	Email	Phone Number	Space Type
Christian Peter 9 Whippany Rd Whippany, NJ 07981 973-887-5100	Christian Peter		(973) 887-5100	Direct

Property ID: 5053828



# PROPOSAL

Pride In America, Inc.

Warehousing, Transportation, Millwright Services, Machinery Movers  
3651 South Clinton Ave South Plainfield, NJ 07080  
e-mail leonprdnmrc@aol.com

PHONE: 908-754-1200  
FAX: 908-754-5582

PROPOSAL NUMBER: PIA-P-15758

DATE: February 5, 2007

PROPOSAL TO: Franz Kostemaj  
Franz Cabinets  
333 Hamilton Ave Bldg 15  
South Plainfield, NJ 07080

Phone: 908-209-5556 Fax:

WORK LOCATION: Building 15 to any location within 50 miles

START DATE: Within next 60 days

JOB DESCRIPTION: Supply skilled labor, tools, and equipment to: Relocate entire cabinet shop. This includes 2 twenty-yard dumpsters for all scrap & garbage, packing all raw materials and small tools, disconnecting and moving all power equipment (table saws, planers, band saws, reciprocating saws, shapers, spray booth, and misc. equipment, tools) and raw materials. This price includes the electrical disconnection of machines, and the electric work needed to hook up the machines once in place at the new facility.

PRICE:	Packing & cleanup	\$10,200.00
	Dumpsters	\$ 1,350.00
	Disconnect electric	\$ 850.00
	Move machines & set in place	\$ 4,092.00
	Move raw material	\$ 2,728.00
	Electrical hookups	\$ 1,865.00

*disregard*

TERMS: As with all new customers, the first three invoices will be on a COD basis until a good working relationship is established.

This proposal is good for 30 days from date above

A Veteran Owned Company

15 Mar 07 - complete, original estimate in file  
em

**EXCEPTIONS:**

Pride In America, Inc. does not assume any liability for the adequacy of design, physical condition, suitability for use, or the strength of any lifting device attached to the equipment being lifted, jacked pulled or pushed.

Customer certifies that all floors, hallways, parking lots, driveways and sidewalks will hold all weights applied to them (equipment, tools and rigging gear) for the length of the contract and hold Pride In America, Inc. harmless if in fact any damage is done to the above-mentioned facilities

In the event that the work force and equipment arrive on the job site, and through no fault of Pride In America, Inc. cannot proceed with their work, and or are delayed with their work Customer will be charged extra for that delay time. If a whole day is lost the customer will be responsible for all rental equipment (crane) a full day for the foreman and operating engineers, and minimum of (4) four hours pay per journeyman.

To accept proposal PIA-P-15758, please sign; print your name, date, and fax back to  
Pride In America, Inc.

Thank you

Pride In America, Inc. \_\_\_\_\_

Date: 2/5/02

Customer Acceptance \_\_\_\_\_

Date: \_\_\_\_\_

Signature

Print Name \_\_\_\_\_

**A Veteran Owned Company**

# Inventory of Machinery

- |   |  |
|---|--|
| 1. Holz Her Vertical Panel saw                        | 21.1/ Small Gast Vaccum Holddown Table |
| 2. Felder Combination Saw/Planer/Jointer/Shaper/Drill | 22.Binks/Devillbiss Spray booth with   |
| 3. Delta/Rockwell Table Saw                           | Ducts/Damper/Collar                    |
| 4. Reliance Planer                                    | 23.2/Work Benches                      |
| 5. Reliance Shaper                                    |  |
| 6. Reliance Router Table                              |  |
| 7.1/Powermatic Jointer /1/ Jet Jointer                |  |
| 8. Blum Pneumatic Hinge Drill Press                   |  |
| 9. Blum Pneumatic Line Drill Press                    |  |
| 10.Orbit Drill Press                                  |  |
| 11.Coral Dust Collector                               |  |
| 12.Reliance Dust Collector                            |  |
| 13.Argo Vertical Compressor                           |  |
| 14.3/Portable Aircompressors                          |  |
| 15.Rigdid Reciprocating Saw                           |  |
| 16.Campbell/Hausfeld HVLP Spray System                |  |
| 17.Vaccum Pressing Systems/Vaccum Press               |  |
| 18.Delta/Rockwell Band Saw                            |  |
| 19.Ryoby Drum Sander                                  |  |
| 20.2/ Large Gast Vaccum Holddown Tables               |  |

Post-it® Fax Note 7671		Date	# of pages 2
To Pete		From Chris	
Co./Dept.		Co.	
Phone #		Phone #	
Fax # 908-769-1604		Fax #	



Clamp Rack on Casters

Templates & Jigs

3/ Floor Fans 3/ Bench Fans

Moving Dollys

Work Horses

Bench Electric Power Tools

Hand Tools

Fasteners/Nails/Screws

Air Power Tools & Fasteners

Spray Racks

Flamable Liquid Storage Cabinet

Hinges/Drawer slides

Specialty Hardware

Packing materials

Various Glues

Contact cement

Sandpapers

Hardware

Drill bits

Router bits

Plywood various Species & thicknesses

MDF Boards

Melamine Boards various thicknesses

Plastic Laminates

Veneers

Hardwoods various Species & thicknesses

Storage shelves

Floor storage cabinets

Wall hung storage cabinets

Laquers/Stains/Paints/

Tints/Thinners/Reducers/Retarders/Oils

Metal clamps/C-Clamps

Spraying equipment/Guns/Hoses/Filters

Office Equipment/Kitchen

2/Desks 4/Chairs

File cabinets

Telephones/Fax machine

Refrigerator/Toaster oven/Microwave

Fire extinguishers

Wood clamps/Metal clamps

electric est.

art kleinman <artalk@comcast.net>

Add To: fnhkomy@yahoo.c...

Hi Frank, estimate to disconnect 8 three phase machines and 4 single phase r  
blvd. \$800 . To reconnect machines at new location would be  
\$85 per hour for two men plus material plus travel time. Art Kleinman alk elect



See your credit  
score - \$0



Daily picks at  
the new Yahoo! TV



Bad Credit  
Refinance Rates

TODAY: 3/6 No events. Click the plus sign to add an event.

**INDEX TO LEASE BETWEEN**  
**DSC OF NEWARK ENTERPRISES, INC. AND**  
**FRANZ KOSTEMAJ D/B/A FRANZ CABINET COMPANY**

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**THIS AGREEMENT**, between DSC OF NEWARK ENTERPRISES, INC., a Delaware Corporation, having a mailing address at 70 Blanchard Street, in the City of Newark, and the County of Essex and the State of New Jersey, 07105, as Landlord, and Franz Kostemaj d/b/a Franz Cabinet Company, having a mailing address 262 Skyline Dr., Millington, NJ 07946 as Tenant;

**WITNESSETH:** The Landlord has let unto the Tenant and the Tenant has hired from the Landlord, the following premises: Building #15 as designated by Landlord, 333 Hamilton Boulevard, South Plainfield, New Jersey commonly referred to as Hamilton Industrial Park for the term of three (3) years to commence from the first day of August, 2000 and to end on the 31st day of July, 2003 to be used and occupied only for cabinet making and other related non-hazardous uses, upon the condition and covenants following:

#### **ARTICLE 1: PAYMENT OF RENT**

The Tenant covenants and agrees to pay to the Landlord, the rent in the following manner:

From 8/1/00-7/31/01, \$10,200.00 (ten thousand two hundred dollars) annually, payable \$850.00 on the execution and delivery of the Agreement in payment of the first month's rent, and \$850.00 on the first day of each and every month thereafter, payable without demand. From 8/1/01-7/31/03, \$10,800.00 (ten thousand eight hundred dollars) annually, payable \$900.00 on the first day of each and every month, payable without demand.

#### **ARTICLE 2: REPAIRS AND CARE**

The Tenant shall take good care of the premises and shall at the Tenant's own cost and expense make all repairs other than roof repairs and structural repairs which are not made necessary by any use or misuse of the Tenant, its employees, agents, and invitees, and at the end or their expiration of the term, shall deliver the rented premises in good order and condition, damages by the elements excepted.

#### **ARTICLE 3: COMPLIANCE WITH LAWS, ETC.**

The Tenant shall promptly comply with all laws, ordinances, rules, directives, regulations and requirements of the Federal, State and City Government and of any and all their Departments and Bureaus applicable to the leased premises, for the correction, prevention, and abatement of nuisances, violations or other grievances, in, upon or connected with the leased premises during the term of the lease; and shall also promptly comply with and execute all rules, orders, and regulations of the Board of Fire Underwriters, or any other similar body, for the prevention of fires, at the Tenant's own cost and expense.

#### **ARTICLE 4: FAILURE TO COMPLY WITH LAWS, ETC.**

In case the Tenant shall fail or neglect to comply with these statutes, ordinances, rules, orders, regulations and requirements or any of them, or in case the Tenant shall fail or neglect to make any necessary repairs, then the Landlord or the Landlord's agents may enter and make the repairs and comply with any and all of the statutes, ordinances, rules, orders, regulations or requirements, at the cost and expense of the Tenant and in case of the Tenant's failure to pay therefor, the cost and expense shall be added to the next month's rent and be due and payable as such, or the Landlord may deduct the same from the balance of any sum remaining in the Landlord's hands. This provision is in addition to the right of the Landlord to terminate this lease by reason of any default on the part of the Tenant.

#### **ARTICLE 5: ASSIGNMENT**

The Tenant shall not assign this lease, or sublet or sublease the premises or any part thereof, or occupy, or permit or suffer the same to be occupied for any purpose deemed disreputable or extra hazardous on account of fire, under penalty of damages and forfeiture.

#### **ARTICLE 6: ALTERATIONS, IMPROVEMENTS**

No alterations, additions, or improvements shall be made in or attached to the leased premises without the consent of the Landlord in writing, under penalty of damages and forfeiture, and all additions and improvements made by the Tenant shall belong to the Landlord.

#### ARTICLE 7: FIRE AND OTHER CASUALTY

In case of damage, by fire or other cause, to the building in which the leased premises are located, without the fault of the Tenant or of Tenant's agent or employees, if the damage is so extensive as to amount practically to the total destruction of the leased premises or of the building, or if the Landlord shall within a reasonable time decide not to rebuild, this lease shall cease and come to an end, and the rent shall be apportioned to the time of the damage. In all other cases where the leased premises are damaged by fire without the fault of the Tenant or of Tenant's agents or employees the Landlord shall repair the damage with reasonable dispatch after notice of damage, and if the damage has rendered the premises untenable, in whole or in part, there shall be an apportionment of the rent until the damage has been repaired. In determining what constitutes reasonable dispatch, consideration shall be given to delays caused by strikes, adjustments of insurance and other causes beyond Landlord's control.

#### ARTICLE 8: INSPECTION AND REPAIR

Tenant agrees that the Landlord and Landlord's Agents, and other representatives, shall have the right to enter the premises, or any part thereof, at all reasonable hours for the purpose of examining the same, or making such repairs or alterations as may be necessary for the safety and preservation thereof, but Landlord shall not be obligated to make such inspections.

#### ARTICLE 9: RIGHT TO EXHIBIT

The Tenant also agrees to permit the Landlord or Landlord's Agents to show the premises to persons wishing to hire or purchase the same; and the Tenant further agrees that during the six months next prior to the expiration of the term, the Landlord or Landlord's Agents shall have the right to place notices on the front of the premises, or any part thereof, offering the premises, "To Let" or "For Sale", and the Tenant hereby agrees to permit the signs to remain on the premises without hindrance or molestation.

#### ARTICLE 10: VACANCY OR EVICTION

If the premises, or any part thereof, shall become vacant during the term, or should the Tenant be evicted by summary proceedings or otherwise, the Landlord or Landlord's representatives may re-enter the same, either by force or otherwise, without being liable to prosecution therefor, and re-let the premises as the Agent of the Tenant and receive the rent, applying the same, first to the payment of such expenses as the Landlord may have to in re-entering and then to the payment of the rent due by Tenant; Tenant shall remain liable in advance for the entire deficiency to be realized during the term of re-letting.

#### ARTICLE 11: REPAIRS OF DAMAGES

Landlord may replace, at the expense of Tenant, any and all broken glass in and about the premises. Landlord may insure, and keep insured, all plate glass in the premises for and in the name of Landlord. Bills, for the premiums therefor shall be rendered by the Landlord to Tenant at such time as Landlord may elect, and shall be due from, and payable by Tenant when rendered, and the amount thereof shall be deemed to be, and be paid as, additional rental. Damage and injury to the premises, caused by the carelessness, negligence or improper conduct on the part of the Tenant or the Tenant's Agents or employees shall be repaired as speedily as possible by the Tenant at the Tenant's own cost and expense.

#### ARTICLE 12: SIDEWALKS, DRIVEWAYS, YARDS, ETC.

The Tenant shall neither encumber, nor obstruct the sidewalks, driveways, yards and grounds, entrance to or halls and stairs of the building, nor allow same to be obstructed or encumbered in any manner.

#### ARTICLE 13: SIGNS

The Tenant shall neither place, nor cause, nor allow to be placed, any sign or signs of any kind whatsoever, including a real estate brokerage sign, at, in or about the entrance to the premises nor any other part of same except in or at such place or places as may be indicated by the said Landlord or Landlord's representatives. If the Landlord or Landlord's representatives shall deem it necessary to remove any such sign or signs in order to paint or to make any other repairs, alterations or improvements

in or about the premises or the building wherein the sign is situated, the Landlord shall have the right to do so, providing the same be removed and replaced at the Landlord's expense whenever the said repairs, alterations or improvements shall have been completed.

#### ARTICLE 14: NON-LIABILITY OF LANDLORD

It is expressly agreed and understood by and between the parties to this agreement, that the Landlord shall not be liable for any damage or injury to person or property caused by or resulting from steam, electricity, gas, water, rain, fire, ice or snow, or any leak or flow from or into any part of the building, or from any damage or injury resulting or arising from any other cause or happening whatsoever.

#### ARTICLE 15: DEFAULT OF ANY COVENANTS

If default be made in any of the covenants of this agreement, then it shall be lawful for the said Landlord to re-enter the said premises, and the same to have again, repossess and enjoy.

#### ARTICLE 16: PRIORITY OF MORTGAGE

That this lease shall not be a lien against these premises in respect to any mortgages that are now on or that hereafter may be placed against premises, and that the recording of such mortgage or mortgages shall have preference and precedence and be superior and prior in lien of this lease irrespective of the date of recording and the Tenant agrees to execute any instrument without cost, which may be deemed necessary or desirable further to effect the subordination of this lease to any such mortgage or mortgages, and a refusal to execute such instruments shall entitle the Landlord, or the Landlord's assigns and legal representatives to the option of canceling this lease without incurring any expense or damage, and the term hereby granted is expressly limited accordingly.

#### ARTICLE 17: SECURITY

The Tenant will deposit with the Landlord the sum of \$2,550.00\* as security on execution of leases, for the full and faithful performance by the Tenant of all of the terms and conditions of Tenant's part to be performed, which sum shall be returned to the Tenant without interest after the time fixed as the expiration of the lease term, provided the Tenant has fully and faithfully carried out all of the terms, covenants and conditions on the Tenant's part to be performed. In the event of a bonafide sale, subject to this lease, the Landlord shall have the right to transfer the security to the vendee for the benefit of the Tenant and the Landlord shall be considered released by the Tenant from all liability for the return of such security; and the Tenant agrees to look to the new Landlord solely for the return of the security, and it is agreed that this shall apply to every transfer or assignment made of the security to a new Landlord.

\*Represents three months rent. The deposit at no time will be less than three months rent during the term or for any renewals, options, extensions, or expansions.

#### ARTICLE 18: SECURITY DEPOSIT MORTGAGED, ASSIGNED, ETC.

The security deposit under this lease shall not be mortgaged, assigned or encumbered by the Tenant without the written consent of the Landlord.

#### ARTICLE 19: FIRE INSURANCE

It is expressly understood and agreed that if for any reason it shall be impossible to obtain fire insurance on the buildings and improvements on the premises in an amount, and in the form, and in fire insurance companies acceptable to the Landlord, the Landlord may, if the Landlord so elects, at any time thereafter terminate this lease and the term thereof, on giving to the Tenant three days' notice in writing of Landlord's intention so to do and giving of such notice, this lease and the term thereof shall terminate and come to an end.

#### ARTICLE 20: REMEDIES TENANT'S DEFAULT

Subject to Paragraph 25, it is expressly understood and agreed that in case the premises shall be deserted or vacated, or if default be made in the payment of the rent or any part thereof as herein specified, or if, without the consent of the Landlord, the Tenant shall sell, assign, or mortgage this lease or if default be made in the performance of any of the covenants and agreements in this lease on the part of the Tenant to

be kept and performed, or if the Tenant shall fail to comply with any of the statutes, ordinances, rules, orders, regulations and requirements of the Federal, State and City Government or any and all their Departments and Bureaus, applicable to the premises, or if the Tenant shall file or there be filed against Tenant a petition in bankruptcy or arrangement, or Tenant be adjudicated a bankrupt, or make an assignment for the benefit of creditors or take advantage of any insolvency act, the Landlord may, if the Landlord so elects, at any time thereafter terminate this lease and the term hereof, on giving to Tenant five days' notice in writing of the Landlord's intention to do so, and this lease and the term hereof shall expire and come to an end on the date fixed in such notice as if the new date were the date originally fixed in this lease for its expiration. Such notice may be given by mail to the Tenant addressed to the leased premises. All notices required to be given to the Tenant may be given by mail addressed to the Tenant at the demised premises.

#### **ARTICLE 21: MISCELLANEOUS ADDITIONAL CHARGES**

The Tenant shall pay to the Landlord the rent or charge, which may, during the lease term, be assessed or imposed for the water used or consumed in or on the premises, whether determined by meter or otherwise, as soon as and when the same may be assessed or imposed [applicable to sewage disposal and fire line charges, if any], and will also pay the expenses for the setting of a water meter in the premises should the latter be required. If such rent or charges or expenses are not so paid, the same shall be added to the next month's rent thereafter to become due.

#### **ARTICLE 22: CREATION OF FIRE HAZARDS**

The Tenant will not nor will the Tenant permit under tenant or other persons to do anything in the premises, or permit anything to be brought into the premises or to be kept therein, which will in any way increase the rate of fire insurance on the premises, nor use the premises or any part thereof, nor suffer or permit their use for any business or purpose which would cause an increase in the rate of fire insurance on the building, and the Tenant agrees to pay on demand any such increase.

#### **ARTICLE 23: REMOVAL OF TENANT'S PROPERTY**

If after default in payment of rent or violation of any other provision of this lease, or the expiration of this lease, the Tenant moves out or is dispossessed and fails to remove any trade fixtures or other property prior to such default, removal, expiration of lease, or vacates the premises prior to the issuance of the final order or execution of the warrant, then and in that event, the said fixtures and property shall be deemed abandoned by the Tenant and shall become the property of the Landlord.

#### **ARTICLE 24: NON-WAIVER BY LANDLORD**

The failure of the Landlord to insist strict performance of any of the covenants or conditions of this Lease or to exercise any option herein conferred in any one or more instances, shall not be construed as a waiver of relinquishment for the future of any such covenant, condition or option, but the same shall be and remain in full force and effect.

#### **ARTICLE 25: TENANT'S CONTINUED LIABILITY**

In the event that the relation of the Landlord and Tenant may cease or terminate by reason of the re-entry of the Landlord under the terms and covenants contained in this lease or by the ejectment of the Tenant by summary proceedings or otherwise, or after the abandonment of the premises by the Tenant, it is hereby agreed that the Tenant shall remain liable and shall pay in monthly payments the rent which accrues subsequent to the re-entry by the Landlord, and the Tenant expressly agrees to pay as damages for the breach of the covenants herein contained, the difference between the rent reserved and the rent collected and received, if any, by the Landlord, during the remainder of the unexpired term; such difference or deficiency between the rent herein reserved and the rent collected, if any, shall become due and payable in monthly payments during the remainder of the unexpired term, as the amounts of such difference or deficiency shall from time to time be ascertained, or at the Landlord's option, in advance for the entire deficiency to be realized during the term of re-letting.

#### **ARTICLE 26: EMINENT DOMAIN**

If the whole or any part of the demised premises shall be acquired or condemned by Eminent Domain for any public or quasi public use or purpose, then and in that event, the term of this lease shall cease and terminate from the date of title vesting in such proceeding and Tenant shall have no claim against Landlord for the value of any unexpired term of the lease. No part of any award shall belong to the tenant.

#### **ARTICLE 27: TENANT OBLIGATION TO PAY RENT**

This lease and the obligation of Tenant to pay rent and perform all of the other covenants and agreements on part of Tenant to be performed shall in nowise be affected, impaired or excused because Landlord is unable to supply or is delayed in supplying any service expressly or impliedly to be supplied or is unable to make, or is delayed in making any repairs, additions, alterations or decorations or is unable to supply or is delayed in supplying any equipment or fixtures if Landlord is prevented or delayed from so doing by reason of governmental preemption in connection with a National Emergency declared by the President of the United States or in connection with any rule, order or regulation of any department or subdivision thereof of any governmental agency or by reason of the conditions of supply and demand which have been or are affected by war or other emergency, or by strikes, accidents, or by any circumstances or causes beyond the Landlord's control.

#### **ARTICLE 28: DELAY IN OCCUPANCY**

Landlord shall not be liable for failure to give possession of the premises upon commencement date by reason of that premises are not ready for occupancy, or because a prior Tenant is wrongfully holding over or any other person is wrongfully in possession or because of any other reason; in such event the rent shall not commence until possession is given or is available, but the term of the lease shall not be extended.

#### **ARTICLE 29: SUBORDINATION OF LEASE**

This lease is subject and is hereby subordinated to all present and future mortgages, deeds of trust and other encumbrances affecting the demised premises or the property of which the premises are a part. The Tenant agrees to execute, at no expense to the Landlord, any instrument which may be deemed necessary or desirable by the Landlord further to effect the subordination of this lease to any such mortgage, deed of trust or encumbrance.

#### **ARTICLE 30: WARRANTY AS TO BROKER**

Tenant represents and warrants to Landlord that no broker was responsible in bringing about this agreement of lease and Landlord relies upon this representation.

#### **ARTICLE 31: UTILITIES**

No utilities or services are to be provided by Landlord other than those specifically set forth in this agreement. Electric current for any heater or sprinkler system apparatus, door motors, lighting and exit signs in common adjoining area (if any) is to be supplied and paid for by the Tenant.

#### **ARTICLE 32: ACCESS TO PREMISES**

Access to premises is to be in common with other occupants of the buildings on the property subject to Landlord's rules and regulations thereon from time to time.

#### **ARTICLE 33: ATTORNEY'S FEES**

The Tenant agrees to pay as additional rent, all attorney's fees at the rate of \$150.00 per hour and other expenses, including but not limited to Landlord's employees time at the rate of \$40.00 per hour per individual with a minimum of \$100.00 per court appearance for each individual all as incurred by the Landlord in enforcing any of the Tenant's obligations under this lease.

#### **ARTICLE 34: INCREASE OF TAXES**

Should the total taxes levied on Landlord's said property increase during the term of this lease or any renewed term thereof, over taxes for 2000 then Tenant agrees to pay increase in taxes as additional rent.



Such increase shall be computed and determined on the basis of the proportion which the square foot area of the demised premises bears to the total building square foot area of Landlord's property available for leasing. Such amount shall be paid within five (5) days after demand therefor by Landlord and shall be collectible as part of rent. In the event a reduction of the Landlord's property available for rental occurs for any reason after the base year, the computation of the charges due under this lease will be based on an assessment that will not reflect the reduction of property, nor will the Tenant's percentage of space rise as a result of the diminution. The taxes for the year during and following any reduction of rentable area will be considered to be the assessment, without the reduction (if any) due to the diminution of the property, multiplied by the applicable tax rate.

#### ARTICLE 35: BREACH OF COVENANT

Tenant agrees to use the premises and to conduct its business in such a manner that it will not create a nuisance or disturbance to other Tenants or occupants. Tenant agrees that it will not keep any dogs on the leased premises, that no objectionable or harmful fumes, smoke, objectionable noise, dust, dirt, gas, vapor, or odor of any kind shall emanate outside of the demised premises, that no corrosion of metal or other deterioration of any form of Landlord's property shall occur to the interior or exterior of the Landlord's property as a result of the Tenant's occupancy. Should Tenant violate any provisions of this paragraph, the Landlord may, if he so elects, give Tenant ten days notice of his intention to terminate this lease and/or any renewed term thereof for breach of covenant. In that event this lease and/or any renewed term thereof, shall terminate on the date of expiration of the notice, and Tenant agrees to vacate and surrender the premises to Landlord on that date, but Tenant shall remain liable for payment of rent until the reletting of the premises or if after reasonable effort to relet the premises, until the original termination date of this lease, or until the date of expiration of any renewed term thereof, notwithstanding such earlier termination. Such notice shall be deemed sufficient if addressed to Tenant at the demised premises and mailed by Registered or Certified Mail. A qualified Chemical Engineer of Landlord's choice shall be sole judge as to whether fumes, etc., emanate outside of the demised premises, and if so, whether they are of an objectionable or harmful nature, or as to whether corrosion, or other forms of deterioration of Landlord's property, as a result of Tenant's occupancy is taking place.

#### ARTICLE 36: DAMAGE TO PREMISES

The Tenant shall occupy the demised premises and operate its business and work in a manner as not to damage the premises nor any of its facilities or installation. Should any damage of any kind or size take place, because of Tenant's operation or negligence, except normal wear and tear, Tenant shall forthwith diligently repair or replace with the same or a similar quality as before such damage or loss occurred, and any failure to do so will be considered a default of this lease.

#### ARTICLE 37: LIABILITY INSURANCE

The Tenant at Tenant's own cost and expense shall obtain or provide and keep in full force for the benefit of the Landlord during the term of this lease, general public liability insurance, insuring the Landlord against liability arising out of, occasioned by or resulting from any accident or otherwise in or about the leased premises, for injuries to any person or persons, for limits of not less than \$1,000,000.00 for injuries in any one accident or occurrence, and for loss or damage to the property of any person or persons for not less than \$500,000.00. The policy or policies of insurance shall be of a company or companies authorized to do business in this State and shall be delivered to the Landlord, together with the evidence of payment of premiums therefor, not less than fifteen days prior to the commencement of the term hereof or of the date when the Tenant shall enter into possession, whichever occurs sooner. At least fifteen days prior to the expiration or termination date of any policy, the Tenant shall deliver a renewal or replacement policy with proof of the payment of the premium therefor. The Tenant also agrees and shall have, hold and keep harmless and indemnify the Landlord from and for any and all payments, expenses, costs, attorney fees and from and for any and all claims and liability for losses or damage to property or injuries to persons occasioned wholly or in part by or resulting from any acts or omissions by the Tenant or the Tenant's agents, employees, guests, licensees, invitees, subtenants, assignees or successors, and for any cause or

reason whatsoever arising out of or by reason of the occupancy by the Tenant and the conduct of the Tenant's business.

#### ARTICLE 38: TELEGRAPH SERVICE CHARGE

The Tenant, in addition to other obligations stipulated herein, shall pay to Landlord as rent, within ten (10) days after presentation of bill, a telegraph service charge. This service provides central station supervision over building water flow for fire protection purposes. Tenant will pay to the Landlord the monthly sum of \$65.00. This charge will be subject to adjustment in the event the telegraph company increases or decreases its charges to Landlord, and/or on a pro rata basis the square footage demised hereunder increases or decreases. Under no circumstances will the Landlord be held liable for the acts or negligence of the telegraph company. The Landlord shall have the right to terminate the service provided for in this paragraph at any time upon sixty (60) days notice to Tenant.

#### ARTICLE 39: LOSS OR DAMAGE CAUSED BY FIRE OR ANY OTHER RISK

Notwithstanding anything to the contrary contained herein, Landlord shall not be liable to Tenant or any insurance carrier for any loss or damage caused by fire, water or any other risk insured against by fire, standard extended coverage and malicious mischief and vandalism insurance, in force at the time of such loss or damage.

#### ARTICLE 40: LANDLORD'S OPTIONS

If the Tenant shall fail or refuse to comply with and perform any conditions and covenants of the within lease, the Landlord may, if the Landlord so elects, carry out and perform such conditions and covenants, at the cost and expense of the Tenant, and the cost and expense shall be payable on demand or, at the option of the Landlord, shall be added to the installment of rent due immediately thereafter but in no case later than one month after such demand, whichever occurs sooner, and shall be due and payable as such. This remedy shall be in addition to such other remedies as the Landlord may have hereunder by reason of the breach by the Tenant of any of the covenants and conditions in this lease contained.

#### ARTICLE 41: EXAMINATION OF PREMISES

The Tenant agrees that he has examined the premises and is familiar with their condition and that the Tenant is leasing the premises in their present condition, except as herein otherwise provided. The Tenant agrees that the Landlord has made no representations or promises with respect to the premises except as herein set forth.

#### ARTICLE 42: LATE FEES

Without prejudice to any other right of the Landlord under this lease, Landlord shall have the right to charge a late fee for rent and other charges paid later than five (5) days after their due date, which fee shall be five percent (5%) per month of the unpaid rent and other charges.

#### ARTICLE 43: UNFORESEEN TAXES

In the event any tax is levied by any governmental body, at any time during the term of the Tenant's occupancy, and in connection therewith, which is not contemplated by the parties, the obligation and payment therefor shall be borne by the Tenant, regardless of the method of collection or upon whom the tax is levied.

#### ARTICLE 44: HEAT

The Tenant will keep the premises sufficiently heated at all times, at his own cost and expense, to prevent freezing, water and steam damage to all sprinkler, plumbing, heating, and all other building utilities, equipment and realty.

#### ARTICLE 45: ISRA

(a) Tenant shall, at Tenant's own expense, comply with the Industrial Site Recovery Act, N.J.S.A. 13:1K-6 et seq. and the regulations promulgated thereunder (hereinafter referred to as "ISRA"). Tenant shall, at

Tenant's own expense, make all submissions to, provide all information to, and comply with all requirements of the Bureau of Industrial Site Evaluation (hereinafter referred to as "The Bureau") of the State of New Jersey Department of Environmental Protection and Energy (hereinafter referred to as the "NJDEPE"). Should the Bureau or any other division of NJDEPE determine that a clean-up plan be prepared and that a clean-up be undertaken because of any spills or discharges of hazardous substances or wastes at the premises which occur during the term of this Lease, then Tenant shall, at Tenant's own expense, prepare and submit the required plans and financial assurances, and carry out the approved plans. Tenant's obligations under this paragraph shall arise if there is any closing, termination or transferring of operations of an industrial establishment at the premises pursuant to ISRA. At no expense to Landlord, Tenant shall promptly provide all information requested by Landlord for preparation of non-applicability affidavits and shall promptly sign such affidavits when requested by Landlord. Tenant shall indemnify, defend and save harmless Landlord from all fines, suits, procedures, claims and actions of any kind arising out of or in any way connected with any spills or discharges or hazardous substances or wastes at the premises which occur during the term of this Lease; and from all fines, suits, procedures, claims, and actions of any kind arising out of Tenant's failure to provide all information, make all submissions, and take all actions required by the ISRA Bureau or any other division of NJDEPE. Tenant's obligations and liabilities under this paragraph shall continue so long as Landlord is held responsible by any governmental authority for any spills or discharges of hazardous substances or wastes at the premises which occur during the term of this Lease. Tenant's failure to abide by the terms of this paragraph shall be restrainable by injunction.

(b) The Tenant's obligation to pay rent shall continue until such time as the Tenant obtains and delivers to the Landlord, a negative declaration as defined in the New Jersey Industrial Site Recovery Act, or such other proof, reasonably satisfactory to the Landlord, that the demised premises may be sold without violation of the New Jersey Industrial Site Recovery Act.

(c) Tenant's SIC number is \_\_\_\_\_.

#### ARTICLE 46: LANDLORD'S SIGNATURE

This agreement is not binding unless approved in writing by an authorized representative of the Landlord. The Tenant on paying the yearly rent, and performing the covenants under the lease, shall and may peacefully and quietly have, hold and enjoy the premises for the term of the lease, provided, however, that this covenant is subject to Landlord retaining title to the premises. The covenants and agreements contained in this lease are binding on the parties and their respective successors, heirs, executors, administrators and assigns. The words used in the singular shall include words in the plural where the text of this instrument so requires.

IN WITNESS WHEREOF, the parties have interchangeably set their hands and seals or caused these presents to be signed by their proper corporate officers and caused their proper corporate seal to be hereto affixed, this \_\_\_\_\_ day of \_\_\_\_\_, 2000.

SIGNED, SEALED AND DELIVERED in the presence of:

ATTEST:

BY:

DSC OF NEWARK ENTERPRISES, INC.

  
Anthony A. Coraci, President

BY:

FRANZ KOSTEMAJ D/B/A FRANZ CABINET COMPANY

  
Franz Kostemaj

~~Amendment to Lease No. #17~~  
~~Security deposit~~

ATTEST:

**Milligan, Chris NAB02**

---

**From:** Mannino.Pietro@epamail.epa.gov  
**Sent:** Friday, February 02, 2007 9:37 AM  
**To:** Milligan, Chris NAB02  
**Subject:** Franz Cabinet

**Attachments:** franzcabinet6.jpg; franzcabinet1.jpg; franzcabinet2.jpg; franzcabinet3.jpg; franzcabinet4.jpg; franzcabinet5.jpg



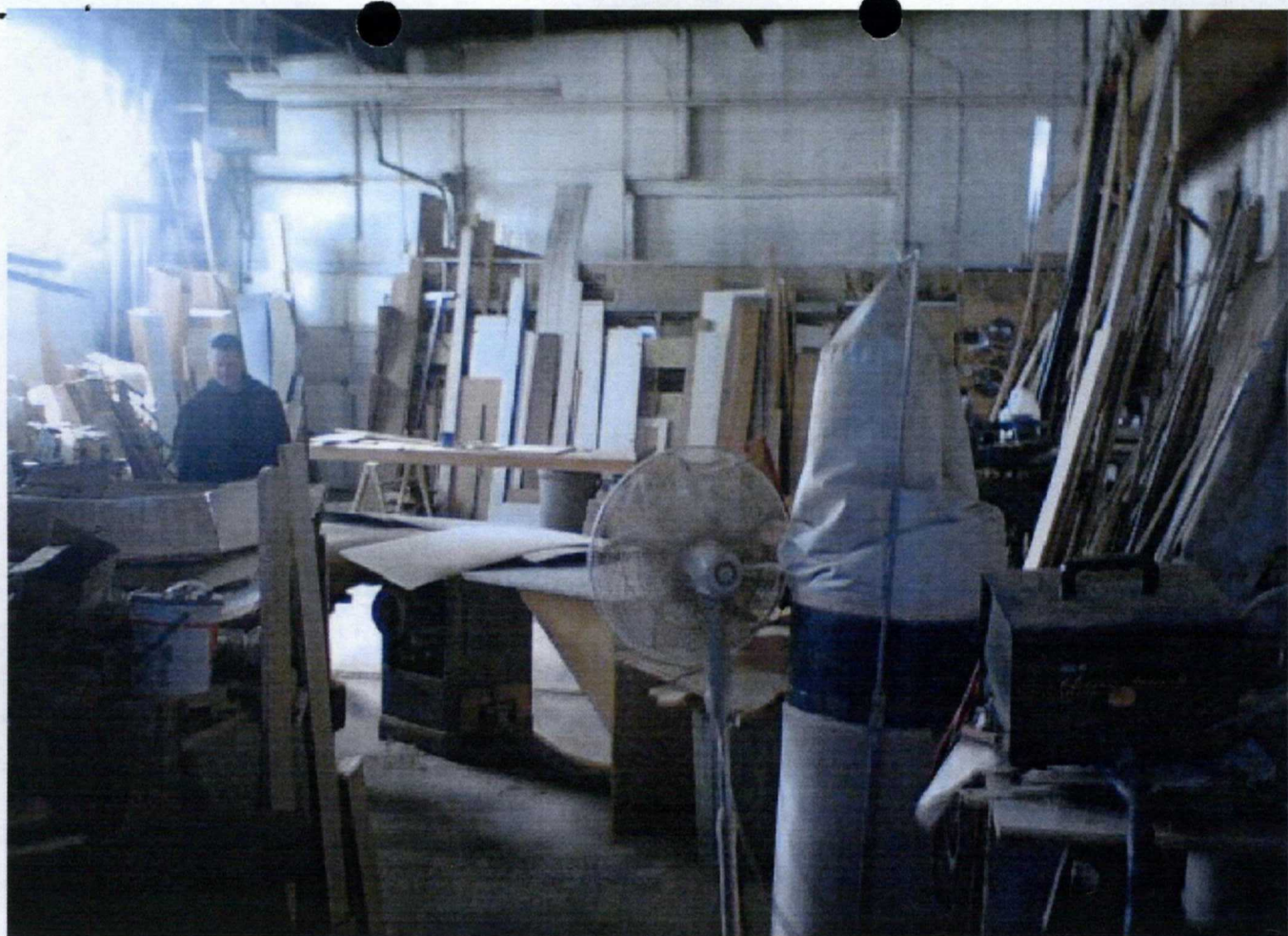
franzcabinet6.jpg (127 KB) franzcabinet1.jpg (137 KB) franzcabinet2.jpg (113 KB) franzcabinet3.jpg (115 KB) franzcabinet4.jpg (110 KB) franzcabinet5.jpg (131 KB)

Chris;

attached are photos that I took inside of the Franz Cabinet building. You will notice that there is alot of scarp wood/mica, etc. and several small pieces of equipment (i.e. table saw, router, planer, etc). I am guessing that he will probably get a roll-off to discard the scrap wood. The 1 larger piece of equipment (rip saw) is very common and can be easily taken apart and reassembled. Please let me know if you have any questions. thanks

(See attached file: franzcabinet6.jpg) (See attached file: franzcabinet1.jpg) (See attached file: franzcabinet2.jpg) (See attached file: franzcabinet3.jpg) (See attached file: franzcabinet4.jpg) (See attached file: franzcabinet5.jpg)

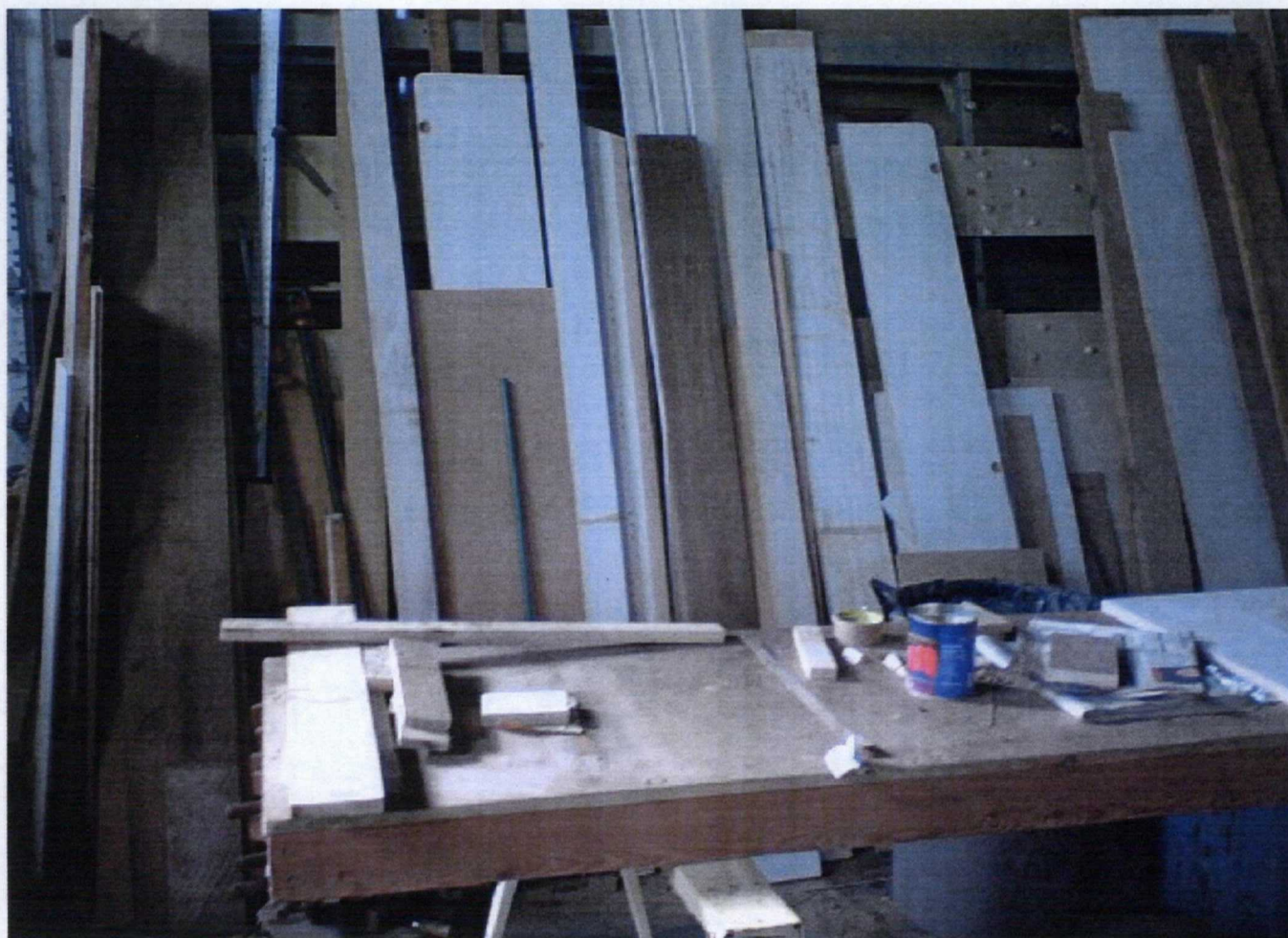












**Milligan, Chris NAB02**

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**From:** Mannino.Pietro@epamail.epa.gov  
**Sent:** Friday, February 02, 2007 9:37 AM  
**To:** Milligan, Chris NAB02  
**Subject:** Franz Cabinet

**Attachments:** franzcabinet6.jpg; franzcabinet1.jpg; franzcabinet2.jpg; franzcabinet3.jpg; franzcabinet4.jpg; franzcabinet5.jpg



franzcabinet6.jpg  
(127 KB)



franzcabinet1.jpg  
(137 KB)



franzcabinet2.jpg  
(113 KB)



franzcabinet3.jpg  
(115 KB)



franzcabinet4.jpg  
(110 KB)



franzcabinet5.jpg  
(131 KB)

Chris;

attached are photos that I took inside of the Franz Cabinet building. You will notice that there is alot of scarp wood/mica, etc. and several small pieces of equipment (i.e. table saw, router, planer, etc). I am guessing that he will probably get a roll-off to discard the scrap wood. The 1 larger piece of equipment (rip saw) is very common and can be easily taken apart and reassembled. Please let me know if you have any questions. thanks

(See attached file: franzcabinet6.jpg) (See attached file: franzcabinet1.jpg) (See attached file: franzcabinet2.jpg) (See attached file: franzcabinet3.jpg) (See attached file: franzcabinet4.jpg) (See attached file: franzcabinet5.jpg)

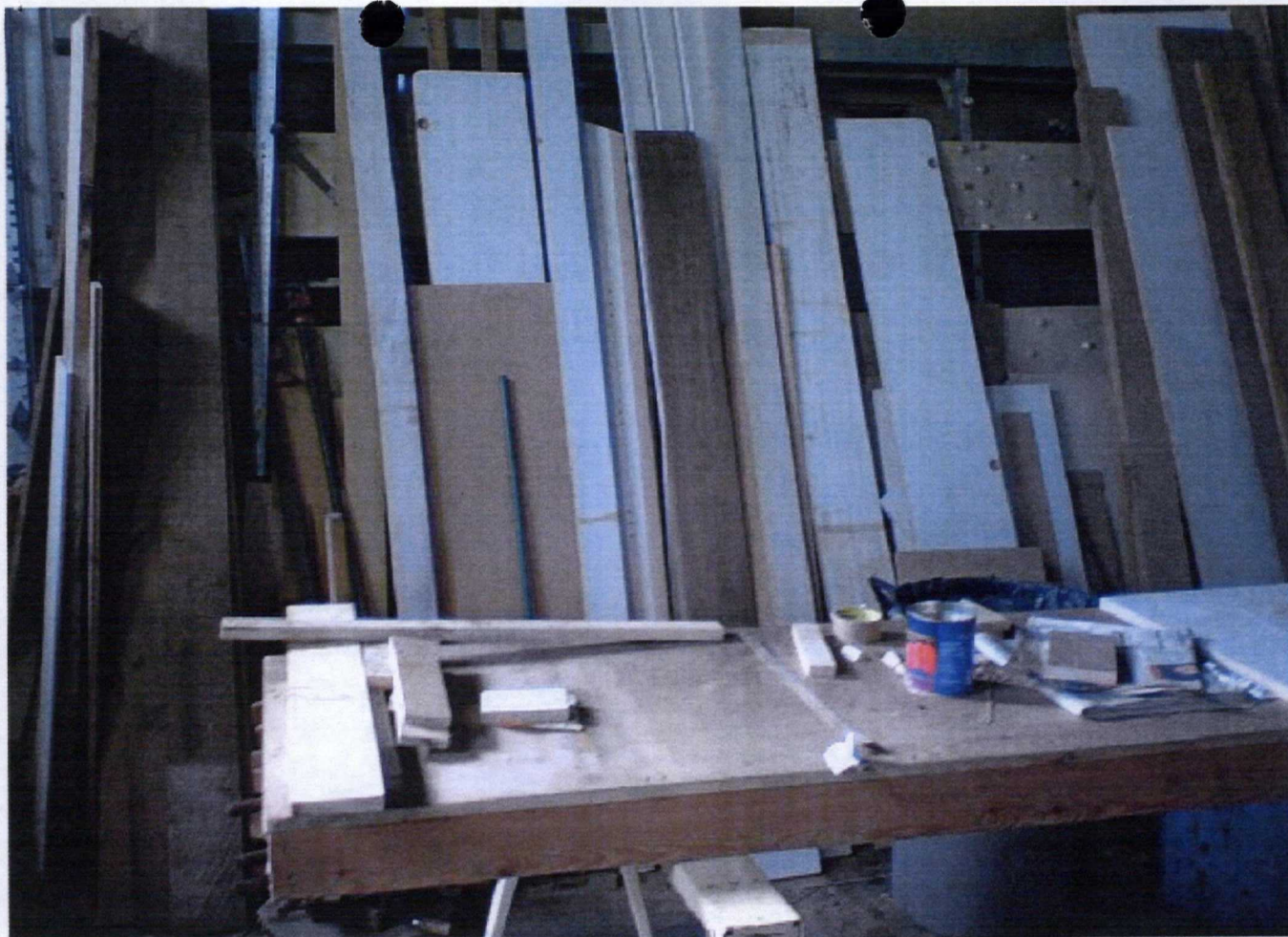














**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

February 1, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This is regarding our telephone call on 31 January 2007 in connection with the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey.

As discussed, enclosed are the following documents:

1. Additional copy of the Relocation Brochure – for your information
2. Summary sheet of relocation benefits (indicates Page 3 of 3 at bottom) – for your information
3. "Business Relocation Interview Summary" – for your review, correction (if needed), signature and return
4. "Relocation Data Worksheet" – for your completion, signature, and return

I have also enclosed my business card. When you return Items No. 3 & 4 above, please provide a copy of your current lease and a listing of your machinery and equipment. Enclosed is a postage paid envelope for your use.

If you have any questions regarding the above or our relocation process, please feel free to contact me at (410) 962-5162; you may also call toll-free and leave a message for me at (888) 867-5215. Your cooperation throughout this process will be greatly appreciated.

Sincerely,

Christine Milligan  
Realty Specialist

CF: Pete Mannino, EPA Region II



**Determination of Reestablishment Expenses: (attach separate sheets, as needed)**

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit fee or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Providing utilities from the right-of-way to improvements on replacement site.
12. Purchase of substitute personal property.
13. Feasibility surveys, soil testing and marketing studies.
14. Impact fees or one-time assessments for anticipated heavy utility usage.
15. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
5. Advertisement of replacement location.
6. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

Privacy Act Notice: If you are an operator that wish to apply for a determination of Reestablishment Expenses, rather than a determination of the difference between the displacement and replacement site, we will help you to determine the difference. We will provide you with information that you may appeal the determination collected under the Privacy Act of 1970 (as amended).

*Summary sheet for*

Certification By: \_\_\_\_\_  
and complete and correct.

SIGNATURE OF: \_\_\_\_\_

TO BE COMPLETED BY: \_\_\_\_\_

Payment Action: \_\_\_\_\_

Recommended: \_\_\_\_\_

Approved: \_\_\_\_\_

## BUSINESS RELOCATION INTERVIEW SUMMARY

**Franz Cabinet Company**  
**31 January 2007 at 12:00 p.m. (via phone)**  
**Franz Kostemaj**

1. Do you plan to reestablish this business? Yes
2. What are your replacement site requirements (size, location, zoning, features, etc.)?
  - Current lease is for 3,000 square feet of space; would be looking for approximately 2,000 SF
  - Zoning needs to be commercial or light industrial. Want to remain in area; other areas for consideration include Morris County, Hunterdon County, and Union County
3. Are there any outstanding contractual obligations that would be affected by a move?
  - No; current lease is month to month.
  - **Request a copy of lease be provided along with listing of your machinery and equipment.**
4. What is the financial capacity of the business to accomplish this move?
  - Anticipate needing assistance for move payments.
5. Do you need outside specialists for move planning, actual move completion, machinery re-installation? Any preferred companies?
  - May need specialty company (and/or rigger) to reinstall machinery.
6. Identification of real property v. personal property (list equipment and machinery and identify status of each). Do you expect to move all of the personal property to the new site?
  - All personal property anticipated to be moved.
7. What is the estimated time required for business to vacate this site?
  - Would like to move as soon as possible. Anticipate at least six weeks though.

8. What is the estimated difficulty in locating replacement site, considering special site requirements, zoning and permit issues, etc? Have you looked for any replacement sites?

- Mr. Kostemaj has contacted realtors in the area but has not yet heard back from them.

9. Do you anticipate any advance relocation payments will be required? Yes, for move.

---

CHRIS MILLIGAN

---

FRANZ KOSTEMAJ (signature & date)

31 January 2007

MEMORANDUM FOR RECORD

SUBJECT: Franz Cabinet Business Relocation (Cornell-Dublier Superfund Site, S. Plainfield, NJ)

Chris Milligan conducted the initial business interview over the phone on 31 January 07. Pete Mannino was on-site with Mr. Franz Kostemaj. Gloria Hawkins had provided Mr. Kostemaj with the relocation brochure and the list of relocation questions. Pete Mannino (EPA) provided an overview on EPA's site work and anticipated schedule and advised that the 90-day notice would be re-sent (via certified mail).

Chris reviewed moving & related expenses and reestablishment expenses with Mr. Kostemaj; also reviewed in-lieu of payments. Chris provided a review sheet (attached) of benefits and explained reestablishment (capped at \$10,000), and moving and related expenses, and ineligible expenses.

Requested a copy of his current lease and equipment listing.

I will provide listing information as it becomes available.

CHRISTINE MILLIGAN  
Realty Specialist



RELOCATION DATA WORKSHEET					
PART I - PROSPECTIVE APPLICANT DATA					
PROJECT Cornell-Dublier Electronics Superfund Site, South Plainfield, New Jersey		RELOCATION ASSISTANCE REPRESENTATIVE Christine Milligan		APPLICATION/REMIS NUMBER	
PROSPECTIVE APPLICANT(S)			ANY OTHERS APPLICABLE		
NAME: Franz Kostemaj AGE: ADDRESS: 262 Skyline Drive Millington, New Jersey 07946 PHONE: (H) (W)			NAME	RELATIONSHIP	SEX & AGE
PART II - PROPERTY ACQUISITION DATA					
TRACT NO.	BRIEF DESCRIPTION OF PROPERTY ACQUIRED: n/a				
DATE NEGOTIATIONS INITIATED	INFO BROCHURE FURNISHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OFFER SIGNED	DATE OFFER ACCEPTED	DATE POSSESSION REQUIRED	
ELIGIBILITY:					
<input type="checkbox"/> 180-DAY OWNER/OCC <input type="checkbox"/> 90-DAY OWNER/OCC <input type="checkbox"/> 90-DAY TENANT <input checked="" type="checkbox"/> BUSINESS/FARM/NON-PROFIT <input type="checkbox"/> MH/LAND OWNER <input type="checkbox"/> MH OWNER/LAND TENANT <input type="checkbox"/> NON-OCCUPANT OWNER <input type="checkbox"/> OTHER					
INTEREST HELD BY APPLICANT:					
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT (AMOUNT OF RENT PAID: \$ )    DATE OCCUPANCY AGMT SIGNED:					
INTEREST ACQUIRED BY GOVERNMENT: <input type="checkbox"/> FEE <input type="checkbox"/> EASEMENT <input type="checkbox"/> LEASE					
SALVAGE RETAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DESCRIBE SALVAGE TO BE RETAINED AND AMOUNT:			
APPRAISED VALUE \$	DWELLING/HOMESITE BREAKOUT	DT TRACT ACQUIRED	ACQUISITION AMOUNT \$	DT COMPARABLE HSG APPROVED/AMOUNT / \$	
APPLICANT RESIDES ON PROPERTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF NO, EXPLAIN: business tenant			
DWELLING OCCUPIED		DATE	NATURE OF BUSINESS ACQUIRED (DESCRIBE): <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> FARM		
BUSINESS/FARM/NPO COMMENCED					
STRUCTURE VACATED		BUSINESS PLANS TO RE-ESTABLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO			
RELOCATIONS ASSISTANCE BENEFITS DISCUSSED WITH DISPLACEE(S) -  DATE <u>31 Jan 07</u>		RESIDENTIAL: <input type="checkbox"/> MOVE TYPES (ACTUAL & FIXED) <input type="checkbox"/> HOUSING DIFFERENTIAL <input type="checkbox"/> CLOSING COSTS * <input type="checkbox"/> RECONNECTION FEES <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> DEED <input type="checkbox"/> MORTGAGE INTEREST <input type="checkbox"/> OTHER (i.e. TENANT BENEFITS)			
		BUSINESS/NON-PROFIT/FARM: <input checked="" type="checkbox"/> IN LIEU OF <input checked="" type="checkbox"/> ACTUAL MOVE <input checked="" type="checkbox"/> RE-ESTABLISHMENT <input type="checkbox"/> LICENSE VERIFICATION <input type="checkbox"/> BUSINESS NAME/TYPE <input type="checkbox"/> OWNERSHIP TYPE <input type="checkbox"/> TAX FORMS <input type="checkbox"/> FINANCES			
DISPLACEE QUESTIONS - INTERVIEW NOTES		*Closing costs with & without mortgages, survey, recording fees, termite inspections, etc. were discussed.			REMIS WORK ITEM NUMBER:
I (we) hereby attest that the information contained in this Relocation Data Worksheet is correct.		DISPLACEE(S) SIGNATURE: _____ _____ _____ _____			DATE: _____ _____ _____

TRACT NO.		PART III - PROPERTY TO BE RELOCATED	
		BRIEF DESCRIPTION (attach inventory if necessary)	
HOUSEHOLD FURNISHINGS			
BUSINESS EQUIPMENT & FIXTURES		Attach inventory of machinery & equipment	
FARM EQUIPMENT			
LIVESTOCK			
NON-PROFIT ORGANIZATION PROPERTY			
MISCELLANEOUS (EXPLAIN)			
SITE OF PROPOSED RELOCATION:			DISTANCE
PART IV - REMARKS			
Investigation by an authorized representative of the Baltimore District, Corps of Engineers, has established:			
Date Occupied: <input type="checkbox"/> Replacement Dwelling; <input type="checkbox"/> Business; <input type="checkbox"/> Farm; <input type="checkbox"/> NP Site-- (date)			
Address of Replacement Site: _____			
Date Replacement Site Obtained: _____ Amount Paid to Purchase Replacement Site: \$ _____			
Date DSS Inspection Performed on Replacement Site: _____ Meets DSS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Replacement Site Located Out of Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If NO, is habitable area built above the floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If acquisition was a business or farm, did the acquisition amount include payment for a dwelling unit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amount spent for rehabilitation, if necessary, on purchase of replacement dwelling to make it comparable, decent, safe, and sanitary: \$ _____			
Duplication <input type="checkbox"/> will or <input type="checkbox"/> will not result from allowance of application.			
Applicant moved from tract as a result of acquisition of the tract by the Government for the <u>Cornell Dublier Electronics (CDE) Superfund Site Remediation</u> Project, or as a result of a written order from the Government to vacate said tract, dated: _____			
Recommendations as to each item in the application and factual information to support the recommendations are attached.			
RECOMMENDATIONS: Applicant(s) is/are being displaced for project purposes and is/are requesting the following relocation benefits:  IAW §24. , 49 CFR,			
FUTURE APPLICATIONS: Anticipated for re-establishment and moving & related expenses.			
ATTACHMENTS:		PREVIOUS PAYMENTS & AMOUNT:	
Current lease for space at Hamilton Industrial Park			
Machinery and equipment listing/inventory			
Business relocation interview summary		TOTAL PAID: \$	
APPLICANT(S) LEGALLY RESIDE IN THE UNITED STATES		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	NAME AND TITLE	SIGNATURE OF RELOCATION ADVISOR:	
1 Feb 2007	Christine Milligan Realty Specialist		

**Milligan, Chris NAB02**

---

**From:** Milligan, Chris NAB02  
**Sent:** Wednesday, January 31, 2007 3:16 PM  
**To:** Hawkins, Gloria S NAB02  
**Subject:** Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Gloria --

We will need to get Alpha to provide a moving estimate for Franz Cabinet. I told Franz Kostemaj that he would be contacted by them. He said to provide them with his cell phone number which is 908-209-5556.

We should also contact the bidder who was going out there this week to look at the space. He has cabinet making equipment (panel maker, joiner, plainer, shaper, saws, large compressor, table saws, two dust collection systems, etc.) which will need to be included for the M&E appraisal. He currently has 3,000 SF of space. You can provide them with his cell phone number too.

Chris Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

Classification: UNCLASSIFIED  
Caveats: NONE

**Milligan, Chris NAB02**

---

**From:** Milligan, Chris NAB02  
**Sent:** Wednesday, January 31, 2007 2:13 PM  
**To:** Bunche, Helen C NAB02  
**Subject:** Another commercial listing report (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: NONE

helen --

Can you run another report for me?

This is for 2,000 SF of commercial/light industrial space. Areas for consideration (all in NJ) are South Plainfield area, Morris County, Union County, Hunterdon County.

Let me know if you need anything else. Thanks!!!

Chris Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

Classification: UNCLASSIFIED

Caveats: NONE

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:**

**NAME & TITLE (Type or Print)**

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$			
Approved	\$			

Pete Mannino

212-637-4429

**Claim for Actual Reasonable  
Moving and Related Expenses  
Businesses, Nonprofit Organizations  
and Farm Operations**

**U. S. Army Corps of Engineers**

See Page 3 for Privacy Act Statement  
before completing this form

AGENCY NAME	PROJECT NAME	TRACT NUMBER

NAME UNDER WHICH CLAIMANT CONDUCTS OPERATIONS:	NAME, ADDRESS & TELEPHONE NUMBER OF PERSON FILING CLAIM ON BEHALF OF CLAIMANT:

Address From Which Claimant Moved:	Address To Which Claimant Moved:
Date First Occupied Property:	Date Move Started:
	Date Move Completed:

TYPE OF OPERATION: ☐ Business ☐ Nonprofit Organization ☐ Farm Operation  
TYPE OF OWNERSHIP: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Nonprofit Organization  
IS THIS A FINAL CLAIM? ☐ YES ☐ NO (If "NO", attach an explanation)  
DOES CLAIMANT INTEND TO REESTABLISHMENT? ☐ YES ☐ NO

**COMPUTATION OF PAYMENT:**

ITEM	AMOUNT	FOR AGENCY USE ONLY
(1) Moving Expenses	\$	\$
(2) Storage Costs	\$	\$
(3) Reasonable Search Expenses	\$	\$
(4) Actual Direct Loss of Personal Property and Substitute Personal Property	\$	\$
(5) Reestablishment Expenses	\$	\$
(6) Other (attach explanation)	\$	\$
(7) Total Amount Claimed	\$	\$
(8) Amount Previously Received (if any)	\$	\$
(9) Amount Requested	\$	\$

**Certification of Eligibility for Relocation Payments and Services:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended), a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. Your signature on this claim form constitutes certification.

Select either Unincorporated or Incorporated:

☐ Unincorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

For each unincorporated business, farm, or nonprofit organization, list each owner:

I, \_\_\_\_\_, as \_\_\_\_\_ of the business, farm, or nonprofit organization, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States: \_\_\_\_\_

Signature and Date

(May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest)

☐ Incorporated Businesses, Farms, or Nonprofit Organizations:

The business, nonprofit organization, or farm, commonly known as \_\_\_\_\_ occupies the property at \_\_\_\_\_.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

Signature and Date

Title

**Supporting Data for Storage Cost:**

IS THIS A FINAL CLAIM FOR STORAGE? ☐ YES ☐ NO  
 DATE MOVED TO STORAGE: \_\_\_\_\_ DATE MOVED FROM STORAGE: \_\_\_\_\_  
 NAME & ADDRESS OF STORAGE COMPANY: \_\_\_\_\_

Should Payment Be Made Directly to Storage Company: ☐ YES ☐ NO

ITEM	AMOUNT	FOR AGENCY USE ONLY
Monthly Rate for Storage	\$ _____	\$ _____
Number of Months in Storage	_____	_____
Total Storage Costs	\$ _____	\$ _____
Amount Previously Received (if any)	\$ _____	\$ _____

Description of Property Stored (List may be attached):

**Determination of Reasonable Amount of Search Expenses:**

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
(1) Searching Time-# hours ( ) x hrly earnings rate (\$ ) =	\$ _____	\$ _____
(2) Transportation-consult Agency for allowable rate per mile	\$ _____	\$ _____
(3) Lodging-Dates: Attach receipts)	\$ _____	\$ _____
(4) Fees Paid to Real Estate Broker or Agent	\$ _____	\$ _____
(5) Cost of Meals	\$ _____	\$ _____
(6) Other Expenses-Specify and attach receipts)	\$ _____	\$ _____
(7) TOTAL SEARCHING EXPENSES-Enter on Line 3 of Page 1	\$ _____	\$ _____

Payment for Actual Direct Loss of Personal Property and Substitute Personal Property: List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.

PART 1	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Personal Property for Which Payment for Actual Direct Loss is Requested	Fair Market Value for Continued Use at Present Location	Proceeds From Sale	Value Not Recovered By Sale (b) minus (c)	Estimated Cost of Moving Old Property - Agency enter	Amount Claimed (Lesser of (d) or (e))	For Agency Use Only
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PART 2	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identify Substitute Property for Which Payment is Requested	Actual Cost of Substitute Property Delivered and Installed at New Location	Proceeds From Sale or Trade-In of Property That Was Replaced	Net Cost of Substitute Personal Property (b) minus (c)			For Agency Use Only
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL (Add all entries in Parts 1 and 2)					\$ _____	\$ _____	\$ _____
Cost of Effort to Sell Property					\$ _____	\$ _____	\$ _____
Total Amount Claimed (Add lines 1 & 2. Enter on Line 4 of Page 1-Computation)					\$ _____	\$ _____	\$ _____

Claimant's Release of Personal Property: I/We release to the Agency ownership of all personal property remaining on the real property.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **BUSINESS RELOCATION INTERVIEW SUMMARY**

**Franz Cabinet Company**  
**31 January 2007 at 12:00 p.m. (via phone)**  
**Franz Kostemaj**

1. Do you plan to reestablish this business? Yes
2. What are your replacement site requirements (size, location, zoning, features, etc.)?
  - Current lease is for 3,000 square feet of space; would be looking for approximately 2,000 SF
  - Zoning needs to be commercial or light industrial. Want to remain in area; other areas for consideration include Morris County, Hunterdon County, and Union County
3. Are there any outstanding contractual obligations that would be affected by a move?
  - No; current lease is month to month.
  - **Request a copy of lease be provided along with listing of your machinery and equipment.**
4. What is the financial capacity of the business to accomplish this move?
  - Anticipate needing assistance for move payments.
5. Do you need outside specialists for move planning, actual move completion, machinery re-installation? Any preferred companies?
  - May need specialty company (and/or rigger) to reinstall machinery.
6. Identification of real property v. personal property (list equipment and machinery and identify status of each). Do you expect to move all of the personal property to the new site?
  - All personal property anticipated to be moved.
7. What is the estimated time required for business to vacate this site?
  - Would like to move as soon as possible. Anticipate at least six weeks though.



8. What is the estimated difficulty in locating replacement site, considering special site requirements, zoning and permit issues, etc? Have you looked for any replacement sites?

- Mr. Kostemaj has contacted realtors in the area but has not yet heard back from them.

9. Do you anticipate any advance relocation payments will be required? Yes, for move.

---

CHRIS MILLIGAN

---

FRANZ KOSTEMAJ (signature & date)

31 January 2007

MEMORANDUM FOR RECORD

SUBJECT: Franz Cabinet Business Relocation (Cornell-Dublier Superfund Site, S. Plainfield, NJ)

Chris Milligan conducted the initial business interview over the phone on 31 January 07. Pete Mannino was on-site with Mr. Franz Kostemaj. Gloria Hawkins had provided Mr. Kostemaj with the relocation brochure and the list of relocation questions. Pete Mannino (EPA) provided an overview on EPA's site work and anticipated schedule and advised that the 90-day notice would be re-sent (via certified mail).

Chris reviewed moving & related expenses and reestablishment expenses with Mr. Kostemaj; also reviewed in-lieu of payments. Chris provided a review sheet (attached) of benefits and explained reestablishment (capped at \$10,000), and moving and related expenses, and ineligible expenses.

Requested a copy of his current lease and equipment listing.

I will provide listing information as it becomes available.

CHRISTINE MILLIGAN  
Realty Specialist

**Determination of Reestablishment Expenses:** (attach separate sheets, as needed)

Identification of Type of Work Performed	Name, Address & Telephone Number of Contractor	Pay to Contractor	Pay to Claimant	Amount Claimed	Agency Use Only
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL COSTS</b> (Enter this amount, or \$10,000, whichever is less, on Line 5, Page 1)				\$	\$

**Eligible Moving and Related Expenses:**

1. Transportation of personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that beyond 50 miles is justified.
2. Packing, crating, uncrating, and unpacking the personal property.
3. Disconnecting, dismantling, removing, reassembling and installing relocated and substitute machinery, equipment and other personal property. This includes connection to utilities available nearby and modifications to the personal property necessary to adapt it to the replacement structure, the replacement site, or to the utilities at the replacement site, and modifications necessary to adapt the utilities to the personal property.
4. Storage of the personal property, as the Agency determines to be reasonable and necessary.
5. Insurance for the replacement value of personal property in connection with the move and necessary storage. Or, if insurance is not readily available, the replacement value of property lost, stolen, or damaged in the process of moving (not due to negligence by displaced person).
6. Any license, permit or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, or certification.
7. Professional services necessary for (i) planning the move of the personal property, (ii) moving the personal property, or (iii) installing the relocated personal property at the replacement location.
8. Relettering signs and replacing stationary made obsolete as a result of the move.
9. Searching for a replacement location.
10. Actual direct loss of tangible personal property.
11. Purchase of substitute personal property.
12. Other moving-related expenses, as approved by the Agency.

**Eligible Reestablishment Expenses:**

1. Repairs or improvements to the replacement real property as required by law, code or ordinance.
2. Modifications to the replacement property to accommodate the business or make the replacement structure suitable for conducting the business.
3. Construction or installation of exterior signs to advertise the business.
4. Providing utilities from the right-of-way to improvements on replacement site.
5. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with purchase or lease of a replacement site.
10. Estimated increased costs of operation during the first 2 years at the replacement site (e.g. rent, utilities, taxes, and insurance.)
11. Impact fees or one-time assessments for anticipated heavy utility usage.

**Ineligible Expenses:**

1. Loss of good will.
2. Loss of profits.
3. Loss of trained employees.
4. Personal injury.
5. Interest on money borrowed to make the move or purchase the replacement property.
6. Purchase of office furniture, trade fixtures, manufacturing materials, supplies or product inventory (except as substitute personal property).
7. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency.
8. Costs for storage of personal property on real property already owned or leased by the displaced person.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended). The information may be made available to a Federal Agency for review.

**Certification By Claimant(s):** I (We) certify that this claim and supporting information are true and complete and that I (we) have not been paid for these expenses by any other source.

**SIGNATURE OF CLAIMANT(s) & DATE:**

**NAME & TITLE (Type or Print)**

**TO BE COMPLETED BY AGENCY:**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
Recommended	\$			
Approved	\$			

Pete Mannino

212-637-4429

## BUSINESS RELOCATION INTERVIEW SUMMARY

Franz Cabinet Company  
31 January 2007 at 12:00 p.m. (via phone)  
Franz Kostemaj

2,000  
Morris  
Huntersdon  
Union Co

1. Do you plan to reestablish this business?
2. What are your replacement site requirements (size, location, zoning, features, etc.)?
  - Current lease is for 3,100 square feet of space.
  - Zoning needs to be commercial or light industrial. Want to remain in area (other space is pretty much around the corner on South Clinton Avenue) C + LI
3. Are there any outstanding contractual obligations that would be affected by a move?
  - Yes, current lease is for a three year term (yearly renewals); first year will expire in October 2006.
  - Request a copy of lease be provided along with listing of machinery. Monthly
4. What is the financial capacity of the business to accomplish this move?
  - Unknown at this time. Yes
5. Do you need outside specialists for move planning, actual move completion, machinery re- installation? Any preferred companies?
  - May need specialty company (and/or rigger) to reinstall machinery.
6. Identification of real property v. personal property (list equipment and machinery and identify status of each). Do you expect to move all of the personal property to the new site?
  - All personal property anticipated to be moved. No real property identified.
7. What is the estimated time required for business to vacate this site?
  - Anticipate minimum of 6 months to find location and complete move.

pannell 11x8  
Planer  
joiner  
shop  
saw

Compressor  
table saw  
2 dust collection

End  
of  
Feb

Storage

Issue at new:  
Dust generated  
Air cleaning

called few on  
Friday 30 mber  
off 18

8. What is the estimated difficulty in locating replacement site, considering special site requirements, zoning and permit issues, etc? Have you looked for any replacement sites?

- Mr. Naftal anticipates difficulty in locating a new site. When this site was leased, it took approximately 6 months to find/identify the site and 2-3 to negotiate and finalize the lease.

9. Do you anticipate any advance relocation payments will be required? Unknown

---

CHRIS MILLIGAN

---

BRIAN NAFTAL (signature & date)



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

January 29, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
c/o Franz Cabinet Company  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This letter is in reference to the Cornell Dubilier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, South Plainfield, New Jersey. As you are aware, the U.S. Environmental Protection Agency (EPA) selected a remedy to address contaminated buildings and soils at the former CDE facility. The selected remedy will involve the demolition of the buildings at the site. In preparation of this upcoming action, the U.S. Army Corps of Engineers (USACE) is acting as an agent of the EPA to perform commercial relocations required for this project.

As a tenant of the Hamilton Industrial Park, you may be entitled to relocation benefits. Enclosed for your information is a copy of a relocation brochure entitled "Your Rights and Benefits as a Displaced Person under the Federal Relocation Assistance Program." Also, enclosed is a "Business Relocation Interview Summary." This summary outlines the type of information that will be discussed with you during the interview process. Once you have had the opportunity to review the information, please contact your relocation specialist, Ms. Christine Milligan, at (410) 962-5162 to discuss your relocation requirements.

Your cooperation in this matter is greatly appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

Enclosure

*Hawkins 1/29/07*  
HAWKINS/CENAB-RE-S/gsh/2-2003

LEWIS/CENAB-RE-S

CENAB-RE-S (405-80)

29 January 2007

Request for Overnight Mail Service

Mr. Franz Kostemaj 908-668-9199  
RECIPIENT'S NAME PHONE NUMBER

Clo Franz Cabinet Company  
COMPANY NAME SUITE OR ROOM NUMBER

262 Skyline Drive  
EXACT STREET ADDRESS \*\*NO P.O. BOXES\*\*

Millington NJ 07946  
CITY STATE ZIP CODE

\*\*\*\*\*

POC FOR THIS ACTION IS: GLORIA HAWKINS (410) 962-2003

for Gloria Hawkins  
SUSAN K. LEWIS  
ENVIRONMENTAL PROGRAM MANAGER  
REAL ESTATE DIVISION

## Milligan, Chris NAB02

---

**From:** Milligan, Chris NAB02  
**Sent:** Tuesday, January 23, 2007 11:21 AM  
**To:** 'Mannino.Pietro@epamail.epa.gov'  
**Cc:** Nejand, Patrick C NAN02  
**Subject:** RE: Franz Cabinet (CDE) (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Pete -- Those are the two phone numbers I have. I'll let you know if I have any success getting in touch with him or if I hear from him as a result of the letter.

Patrick indicated they tried the house two times last week but nobody was there. He indicated they will also try again.

Chris Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

-----Original Message-----

From: Mannino.Pietro@epamail.epa.gov [mailto:Mannino.Pietro@epamail.epa.gov]  
Sent: Tuesday, January 23, 2007 11:15 AM  
To: Milligan, Chris NAB02  
Cc: seppi.pat@epa.gov  
Subject: RE: Franz Cabinet (CDE) (UNCLASSIFIED)

Chris;  
the letter looks fine to me. Also, could you try to reach him at the following two telephone numbers: 908-668-9199 or 908-209-5556. thanks

"Milligan, Chris  
NAB02"  
<Chris.Milligan@  
nab02.usace.army  
.mil>

01/19/2007 09:41  
AM

To  
Pietro Mannino/R2/USEPA/US@EPA  
cc  
Pat Seppi/R2/USEPA/US@EPA  
Subject  
RE: Franz Cabinet (CDE)  
(UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Corrected letter attached.



Chris Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

-----Original Message-----

From: Milligan, Chris NAB02  
Sent: Friday, January 19, 2007 9:39 AM  
To: Pete Mannino  
Cc: Pat Seppi  
Subject: Franz Cabinet (CDE) (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Pete -- Attached is a letter that I am going to send regular mail. I will also e-mail this to Patrick and ask that he post it on the door of their building at the site.

I thought if somebody was picking up mail and sending or delivering it to them (where ever they are) they may get something sent regular mail.

I'll let you know if I do hear something from them.

Chris Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

Classification: UNCLASSIFIED  
Caveats: NONE  
Classification: UNCLASSIFIED  
Caveats: NONE

(See attached file: Franz-urgent.doc)  
Classification: UNCLASSIFIED  
Caveats: NONE



DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

January 22, 2007

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kosternaj  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kosternaj:

We have been trying to contact you since March 2006 in connection with the Cornell Dublier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, in South Plainfield, New Jersey. As you are aware, the U.S. Environmental Protection Agency (EPA) has selected a remedy to address the contaminated buildings and soils at the former CDE facility. The selected remedy will include the demolition of all buildings on the site. In preparation for this action, the U.S. Army Corps of Engineers (USACE) is acting as an agent for the EPA to perform the permanent business relocations required for this project.

Due to our anticipated demolition schedule, it is imperative that you contact this office immediately. As a tenant of the Hamilton Industrial Park, you may be entitled to business relocation benefits.

It is requested that you contact Christine Milligan at (410) 962-5162 or at (888) 867-5215 upon receipt of this letter. Your prompt attention to this matter will be appreciated.

Sincerely,

**Signed**

Susan K. Lewis  
Acting Chief, Real Estate Division

CF:  
Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162

LEWIS/CENAB-RE-S

DOCUMENT: Franz-urgent/cornell/milligan/special/share

## Milligan, Chris NAB02

---

**From:** Nejand, Patrick C NAN02  
**Sent:** Friday, January 19, 2007 8:20 AM  
**To:** Milligan, Chris NAB02  
**Subject:** RE: Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Unfortunately, we went to his house several times (Tuesday and Wednesday night) and no one was there. The neighbors did not have any information. A copy of the letter was left at the house. We will try again next week. Thanks.  
Patrick

-----Original Message-----  
**From:** Milligan, Chris NAB02  
**Sent:** Friday, January 19, 2007 8:13 AM  
**To:** Nejand, Patrick C NAN02  
**Subject:** RE: Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Patrick -- Any luck with delivering the 90-day notice?

Chris Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

-----Original Message-----  
**From:** Nejand, Patrick C NAN02  
**Sent:** Thursday, January 11, 2007 2:06 PM  
**To:** Milligan, Chris NAB02  
**Cc:** Nastasi, Chris J NAN02; Vizzoca, Dino NAN02  
**Subject:** RE: Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Chris,  
Thank You. Chris Nastasi and Dino Vizzoca (USACE) will visit the address on Tuesday. I will let you know if they were successful in tracking Mr. Franz.  
Patrick

-----Original Message-----  
**From:** Milligan, Chris NAB02  
**Sent:** Thursday, January 11, 2007 1:35 PM  
**To:** Nejand, Patrick C NAN02  
**Subject:** Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Patrick --

Pete Mannino indicated he was going to have you try to deliver the 90-day notice letter to the address we have on file for Franz Cabinet (262 Skyline Drive, Millington, NJ).

Please let me know if there is anything you need and the outcome of your attempt.

Thanks, Chris

Christine Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

Classification: UNCLASSIFIED  
Caveats: NONE  
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Caveats: NONE

Classification: UNCLASSIFIED  
Caveats: NONE

Classification: UNCLASSIFIED  
Caveats: NONE

**Milligan, Chris NAB02**

---

**From:** Milligan, Chris NAB02  
**Sent:** Friday, January 19, 2007 9:39 AM  
**To:** Pete Mannino  
**Cc:** Pat Seppi  
**Subject:** Franz Cabinet (CDE) (UNCLASSIFIED)

**Attachments:** Franz-urgent.doc



Franz-urgent.doc  
(55 KB)

Classification: UNCLASSIFIED

Caveats: NONE

Pete -- Attached is a letter that I am going to send regular mail. I will also e-mail this to Patrick and ask that he post it on the door of their building at the site.

I thought if somebody was picking up mail and sending or delivering it to them (where ever they are) they may get something sent regular mail.

I'll let you know if I do hear something from them.

Chris Milligan  
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Classification: UNCLASSIFIED

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**DEPARTMENT OF THE ARMY**  
**BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS**  
**P. O. BOX 1715**  
**BALTIMORE, MD 21203-1715**

January 22, 2007

Real Estate Division  
Special Projects Support Branch

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262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kosternaj:

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Due to our anticipated demolition schedule, it is imperative that you contact this office immediately. As a tenant of the Hamilton Industrial Park, you may be entitled to business relocation benefits.

It is requested that you contact Christine Milligan at (410) 962-5162 or at (888) 867-5215 upon receipt of this letter. Your prompt attention to this matter will be appreciated.

Sincerely,

Susan K. Lewis  
Acting Chief, Real Estate Division

CF:  
Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162

LEWIS/CENAB-RE-S

DOCUMENT: Franz-urgent/cornell/milligan/special/share

**Milligan, Chris NAB02**

---

**From:** Milligan, Chris NAB02  
**Sent:** Friday, January 19, 2007 9:45 AM  
**To:** Nejand, Patrick C NAN02  
**Subject:** FW: Franz Cabinet (CDE) (UNCLASSIFIED)

**Attachments:** Franz-urgent.doc



Franz-urgent.doc  
(55 KB)

Classification: UNCLASSIFIED

Caveats: NONE

Patrick -- Please print the attached letter and post on their door.

Thanks, Chris

Christine Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

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**Cc:** Pat Seppi  
**Subject:** Franz Cabinet (CDE) (UNCLASSIFIED)

Classification: UNCLASSIFIED

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Classification: UNCLASSIFIED

Caveats: NONE

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Caveats: NONE



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January 22, 2007

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Susan K. Lewis  
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Pete Mannino, EPA Region II

MILLIGAN/CENAB-RE-S/ CM / 5162

LEWIS/CENAB-RE-S

DOCUMENT: Franz-urgent/cornell/milligan/special/share



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Classification: UNCLASSIFIED  
Caveats: NONE

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To: Milligan, Chris NAB02  
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Subject: RE: Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Chris,  
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Patrick

-----Original Message-----

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Sent: Thursday, January 11, 2007 1:35 PM  
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Subject: Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Patrick --

Pete Mannino indicated he was going to have you try to deliver the 90-day notice letter to the address we have on file for Franz Cabinet (262 Skyline Drive, Millington, NJ).

Please let me know if there is anything you need and the outcome of your attempt.

Thanks, Chris

Christine Milligan  
Realty Specialist  
(410) 962-5162  
(410) 962-4928 (FAX)  
(410) 591-2247 (cell)

Classification: UNCLASSIFIED  
Caveats: NONE  
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**Milligan, Chris NAB02**

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(410) 962-5162  
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Classification: UNCLASSIFIED  
Caveats: NONE

My Documents  
My Computer  
My Network Places  
Recycle Bin  
Internet Explorer  
Groove Virtual Office  
Unused Desktop  
Picture Manager

**Address Book**

File Edit View Tools

Type Name or Select from List:  Show Names from the:

Name	Business Phone	Office	Title
Nejard, Patrick C NANQ2	732-846-5830	CENAN-CO-NE (E Bru...	
Nelander, Angela R NWW	509-282-7233	CENWW-OD-WL	
Nelmes, Timothy A CW2 249EN	253-967-7303	Alpha Co.	
Nelms, Randy SPK	801-777-2206, x3003	CE5PK-CO-UR	
Nelsen, Chris H GRN	540-665-6515	CEGRN	Civil Engineer
Nelsen, Elizabeth A MVP	651-290-5306	CEMVP-EC-H	Hydraulic Engine
Nelsen, Francis M NWP	541-298-7837	CENWP-OD-D	Utilityworker
Nelsen, JoAnn J MVN	504-862-2703	CEMVN-CD-Q	Main-376
Nelson Belinda SSG 10th ASG	644-4947		PSNCO
Nelson Nieta SPC 58TH SIG BN	644-4001		Supply Clerk

Printkey.exe FY 2005-03 Contracts:mde

WORTH

JUST BECAUSE YOU'RE NECESSARY DOESN'T MEAN YOU'RE IMPORTANT.

start [Taskbar Icons] 10:36 AM

**Milligan, Chris NAB02**

---

**From:** Nejand, Patrick C NAN02  
**Sent:** Thursday, January 11, 2007 2:06 PM  
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**Cc:** Nastasi, Chris J NAN02; Vizzoca, Dino NAN02  
**Subject:** RE: Franz Cabinet (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: NONE

Chris,  
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(410) 591-2247 (cell)

Classification: UNCLASSIFIED  
Caveats: NONE  
Classification: UNCLASSIFIED  
Caveats: NONE



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

REGION 2  
290 BROADWAY  
NEW YORK, NY 10007-1866

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

October 19, 2006

Mr. Franz Kostemaj  
c/o Franz Cabinet Company  
262 Skyline Drive  
Millington, New Jersey 07946

**SUBJECT:** Cornell-Dubilier Electronics Superfund Site  
Operable Unit 2  
a.k.a Hamilton Industrial Park  
South Plainfield, New Jersey

Dear Mr. Kostemaj:

This notice is to officially inform you that the U.S. Environmental Protection Agency (EPA) expects to implement the selected remedy for the building component of Operable Unit 2 at the Cornell-Dubilier Electronics (CDE) Superfund Site. As you are aware, the selected remedy calls for the relocation of eligible tenants and the demolition of the 18 buildings located at the former CDE facility. The purpose of this letter is to advise you of your eligibility for relocation benefits under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (Uniform Act), Public Law 91-646, as amended.

The U.S. Army Corps of Engineers (USACE) is acting as an agent of the EPA to perform the commercial relocations required for this project. As you have been made aware through previous contacts, it will soon be necessary for you to vacate the property. The USACE will provide advisory services to assist you in the move to a replacement site. The moving assistance includes referrals to replacement sites and help in filing claims. Other relocation assistance benefits that may be available to you are described in the Relocation Brochure entitled "Your Rights and Benefits as a Displaced Person Under the Federal Relocation Assistance Program." A copy of this brochure was previously provided to you.

This notice is to formally advise you, in accordance with 49 CFR 24.203(c), that you will not be required to vacate the property for at least ninety (90) days from the above date. If you still occupy the property thirty (30) days prior to the date that the EPA will require possession, you will be given a written notice specifying the date the property must be vacated.

Please be assured that we will make every effort for your relocation to proceed as smoothly as possible and to minimize the impact upon you during the process. Your cooperation in this matter is greatly appreciated.

If you have any questions regarding the timing of the relocation, as discussed in this letter, or the remediation process at the CDE site, please feel free to contact me at 212-637-4395. Other questions regarding the relocation process can be directed to your USACE relocation specialist, Gloria Hawkins, at 1-888-867-5215.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Mannino', followed by a long horizontal flourish.

Peter Mannino, Remedial Project Manager  
Central New Jersey Remediation Section

cc: Joe Lockwood, DSC of Newark Enterprises, Inc.

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**

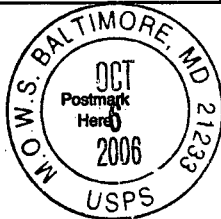
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\$



Sent To *Mr. Franz Kostern of Cabinet Co.*  
Street, Apt. No.;  
or PO Box No. *262 Skyline Dr*  
City, State, ZIP+4 *Mullington NJ 07946*



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

October 3, 2006

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
c/o Franz Cabinet Company  
262 Skyline Drive  
Millington, New Jersey 07946

Dear Mr. Kostemaj:

This letter is in reference to the Cornell Dubilier Electronics (CDE) Superfund Site, also known as the Hamilton Industrial Park, South Plainfield, New Jersey. As you are aware, the U.S. Environmental Protection Agency (EPA) selected a remedy to address contaminated buildings and soils at the former CDE facility. The selected remedy will involve the demolition of the buildings at the site. In preparation of this upcoming action, the U.S. Army Corps of Engineers (USACE) is acting as an agent of the EPA to perform commercial relocations required for this project.

We have been trying to contact you to schedule an appointment to discuss the relocation process and obtain pertinent information regarding your specific needs and requirements. As a tenant of the Hamilton Industrial Park, you may be entitled to relocation benefits. Enclosed for your information is a "Business Relocation Interview Summary" this summary outlines the type of information that will be discussed with you during the interview process. Once you have had the opportunity to review the information, please contact your relocation specialist, Ms. Gloria Hawkins, at (410) 962-2003 to schedule an on-site appointment.

Your cooperation in this matter is greatly appreciated.

Sincerely,

Susan K. Lewis  
Environmental Program Manager  
Real Estate Division

Enclosure

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Copy Furnished:

Peter Mannino, U.S. EPA, Region 2, 290 Broadway, New York, NY 10007-1866

*Hawkins 10/3/06*  
HAWKINS/CENAB-RE-S/gsh/2003  
LEWIS/CENAB-RE-S  
*p*



## **SAMPLE BUSINESS RELOCATION INTERVIEW SUMMARY**

1. Do you plan to reestablish this business?
2. What are your replacement site requirements (size, location, zoning, features, etc.)?
3. Are there any outstanding contractual obligations that would be affected by a move (leases)?
4. What is the financial capacity of the business to accomplish this move?
5. Do you need outside specialists for move planning, actual move completion, machinery re-installation? Any preferred companies?
6. Identification of real property v. personal property (list equipment and machinery and identify status of each). Do you expect to move all of the personal property to the new site?
7. What is the estimated time required for business to vacate this site?
8. What is the estimated difficulty in locating replacement site, considering special site requirements, zoning and permit issues, etc? Have you looked for any replacement sites?
9. Do you anticipate any advance relocation payments will be required?

---

Relocation Specialist Signature

---

Tenant Signature



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
BALTIMORE DISTRICT, U. S. ARMY CORPS OF ENGINEERS  
P. O. BOX 1715  
BALTIMORE, MD 21203-1715

October 3, 2006

Real Estate Division  
Special Projects Support Branch

Mr. Franz Kostemaj  
c/o Franz Cabinet Company  
262 Skyline Drive  
Millington, New Jersey 07946

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Susan K. Lewis  
Environmental Program Manager  
Real Estate Division

Enclosure

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Peter Mannino, U.S. EPA, Region 2, 290 Broadway, New York, NY 10007-1866

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Relocation Specialist Signature

---

Tenant Signature

DEPARTMENT OF THE ARMY  
U.S. ARMY ENGINEER DISTRICT, BALTIMORE  
CORPS OF ENGINEERS

P.O. BOX 1715  
BALTIMORE, MARYLAND 21203-1715

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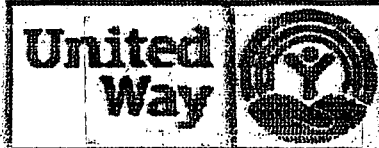
Mr. Franz Kosternaj  
c/o Franz Cabinet Co.  
262 Skyline Drive  
Millington, NJ 07946



BALTIMORE MD 212

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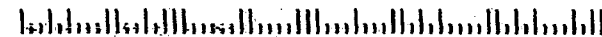
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

*Mr. Franz Kostemaj  
 c/o Franz Cabinet Co.  
 Skyline Drive  
 Millington, NJ 07946*

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

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- ☒ Certified Mail    ☐ Express Mail  
☐ Registered    ☐ Return Receipt for Merchandise  
☐ Insured Mail    ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Domestic Return Receipt

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